

HEALTH AND SENIOR SERVICES

DIVISION OF HEALTH CARE SYSTEMS ANALYSIS

Licensing Standards: Pediatric Community Transitional Homes

Proposed New Rules: N.J.A.C. 8:43D

Authorized By: Clifton R. Lacy, M.D., Commissioner
Department of Health and Senior Services
(with the approval of the Health Care
Administration Board)

Authority: N.J.S.A. 26:2H-1 et seq.

Calendar Reference: See Summary below for explanation of exception to the
calendar requirement.

Proposal Number: PRN 2003-53

Submit written comments by April 19, 2003 to:

John A. Calabria, Director
Certificate of Need and Acute Care Licensure Program
New Jersey Department of Health and Senior Services
P.O. Box 360, Room 403
Trenton, New Jersey 08625-0360

The agency proposal follows:

Summary

The purpose of these proposed new rules is to establish uniform licensure standards for pediatric community transitional homes which are intended to promote a coordinated array of supportive health care, personal and social services for medically fragile children. The genesis of these rules began with a representative of the industry approaching the Department of Health and Senior Services (the Department) for a determination as to whether these homes would, in fact, qualify as health care facilities and require licensure. After an on-site visit at one facility and a careful and thorough consideration of the facts, the Department concluded that the services provided at a pediatric community transitional home constituted the operation of a health care facility,

as that term is defined in N.J.S.A. 26:2H-1. As a result such facilities require licensure and it is necessary to promulgate appropriate licensure standards.

The Department expects that these proposed new rules will add uniformity and consistency to the delivery of pediatric community transitional home care statewide. These proposed new rules are intended to ensure the quality of services provided by pediatric community transitional homes. The proposed new rules are the product of a collaboration between the Department and the Pediatric Community Transitional Home Licensing Standards Advisory Committee that commenced work on these proposed new rules on June 15, 1998. The Committee included representatives from all five of the State's existing pediatric community transitional homes. Additionally, staff from various State agencies such as the Department of Human Services' Division of Family Services and Division of Medical Assistance, Department of Community Affairs and the Department's Certificate of Need and Acute Care Licensure Program, as well as its AIDS Division, served as committee participants and technical advisors.

The proposed new rules contain 15 subchapters. Subchapter 1 states the purpose and scope of the rules, stipulating that all pediatric community transitional homes shall comply with the rules for minimum standards set forth in the chapter in order to be licensed to operate in New Jersey. It also defines all of the applicable terms used in the text. The following terms are defined: "activities of daily living," "administrator," "admission agreement," "advance practice nurse," "available," "bedridden," "cleaning," "Commissioner," "communicable disease," "conspicuously posted," "contamination," "current," "Department," "disinfection," "documented," "employee," "full-time," "governing authority," "guardian," "health care facility," "hours of operation," "interdisciplinary plan of care," "interdisciplinary team," "job description," "licensed nursing personnel," "licensed practical nurse," "medically fragile child," "medical director," "medication," "monitor," "pediatric community transitional home," "pediatric community transitional health care service," "personal care," "physician," "physician assistant," "primary care provider," "registered professional nurse," "resident," "responsible person," "self-administration," "shift," "signature," "staff education plan," "staff orientation plan," "sterilization," "supervision," "transitional stay" and "volunteer."

Among these terms, there are a number of key definitions such as "pediatric community transitional homes," which means a facility licensed by the Department to provide health care services, personal care and social services to medically fragile children, birth to 18 years of age, who require transitional placement into the community prior to other appropriate long term placement. Other key terms in this section are: "Pediatric community transitional health care service," "interdisciplinary plan of care," "interdisciplinary team," "medically fragile child" and "transitional stay."

"Pediatric community transitional health care service" means any service provided to a resident of a pediatric community transitional home that is ordered by a physician and required to be provided or delegated by a licensed, registered professional or child care worker. "Interdisciplinary team" means, at a minimum,

individual representatives from medical, nursing, and social work/case management who work together to plan, provide and evaluate a comprehensive, interdisciplinary plan of care to the resident. "Interdisciplinary plan of care" means a written, individualized plan of care for each resident, developed by the interdisciplinary team members participating in the resident's care, and based upon their assessment of the patient's immediate and long-term needs. "Medically fragile child" means an individual, birth to 18 years, requiring a coordinated array of supportive personal and health care services, 24 hours per day, seven days a week, who may benefit from placement in a pediatric transitional community home. "Transitional stay" means a length of stay in a pediatric community transitional home of 120 days or less per admission.

Subchapter 2 pertains to licensure procedures. N.J.A.C. 8:43D-2.1 outlines the procedure for obtaining a license which includes the information needed for completing a license application, application filing, renewal and inspection fees, state track record requirements and a provision exempting pediatric transitional care homes from the requirement for a certificate of need. This subchapter also contains procedures for plan reviews for newly constructed, renovated and expanding facilities, as set forth at N.J.A.C. 8:43D-2.2, summarizes the survey process, as set forth at N.J.A.C. 8:43D-2.3, and identifies the requirements for the issuance of a license as well as the transfer of ownership process, as set forth at N.J.A.C. 8:43D-2.4. In addition, this subchapter requires 30 days' notice to the Department prior to surrender of a license, as set forth at N.J.A.C. 8:43D-2.5, outlines the waiver application filing procedure, as at N.J.A.C. 8:43D-2.6, specifies Commissioner authority to take licensure enforcement action against facilities operating with licensure deficiencies, as set forth at N.J.A.C. 8:43D-2.7, sets forth licensure applicant hearing rights at N.J.A.C. 8:43D-2.8, and specifies that only licensed pediatric community transitional homes may describe or offer themselves to the public as providing these services, as set forth at N.J.A.C. 8:43D-2.9. Facilities violating these rules will be subject to penalties in accordance with N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E.

Subchapter 3 focuses on the standards for new buildings, alterations, renovations and additions to existing buildings for pediatric community transitional homes in accordance with the New Jersey Uniform Construction Code. Specifically, the ventilation requirements for these facilities are set forth at N.J.A.C. 8:43D-3.2, exit access passageways and corridor requirements at N.J.A.C. 8:43D-3.3, installation and location of automatic fire detection systems at N.J.A.C. 8:43D-3.4, the provision of fire suppression systems at N.J.A.C. 8:43D-3.5, and interior wall, ceiling and floor finish requirements at N.J.A.C. 8:43D-3.6. Furthermore, this subchapter stipulates the square footage requirements for residential units, as set forth at N.J.A.C. 8:43D-3.7, availability of toilets, baths and handwashing sinks for residents, staff and visitors, as set forth at N.J.A.C. 8:43D-3.8, required community space (square footage) for each resident, as set forth at N.J.A.C. 8:43D-3.9, and the physical plant requirements for laundry equipment, as set forth at N.J.A.C. 8:43D-3.10. Additionally, this subchapter contains the minimum food service facilities requirements, as set forth at N.J.A.C. 8:43D-3.11, space requirements for administrative functions and public areas where private visits

and interviews may take place as set forth at N.J.A.C. 8:43D-3.12, number of fire extinguishers and their specifications, as set forth at N.J.A.C. 8:43D-3.13, and the use of sounding devices, as set forth at N.J.A.C. 8:43D-3.14.

Please note that N.J.A.C. 8:43D-3.4(b) and 3.8(c) refer, respectively to the New Jersey Uniform Fire Code and the New Jersey Uniform Construction Code. In New Jersey, the Uniform Fire Code is part of the Uniform Construction Code. Both codes refer a builder to various national building and fire codes that must be used when constructing or renovating a building in New Jersey. It is these other references that contain the specific requirements for room sizes, corridor width, construction material type, electrical and plumbing installation and a wide range of fire safety requirements.

Subchapter 4 sets forth general licensure requirements. N.J.A.C. 8:43H-4.1 outlines the minimum services to be provided such as: assistance with personal care, nursing, pharmacy, dining, activities, recreational and social work services, and other services necessary to meet the individual needs of each resident. This section also sets forth the criteria for both the administration of and self-administration of over-the-counter medications and provisions for age-specific resident education when required. N.J.A.C. 8:43D-4.2 stipulates reporting requirements for ownership and change of ownership and the prohibition of person(s) convicted of a crime relating to their capability of owning or operating a facility from having ownership interest in the facility. N.J.A.C. 8:43D-4.2(c) provides for waiver provisions for prospective owners or operators of Pediatric Transitional Homes, convicted of a crime cited in N.J.A.C. 8:43D-4.2 above, who have either been rehabilitated or had their conviction expunged. This subchapter also contains a document reporting requirement set forth at N.J.A.C. 8:43D-4.3, a mandatory policy and procedure manual to oversee the operation of the facility as set forth at N.J.A.C. 8:43D-4.4, and written provisions to ensure resident transportation for essential services as set forth at N.J.A.C. 8:43D-4.5. In addition, N.J.A.C. 8:43D-4.6 requires the establishment of written agreements for services not provided directly by the facility; and N.J.A.C. 8:43D-4.7 establishes those sets of circumstances that must be immediately reported to the Department and confirmed in writing within 72 hours, among which are disease epidemics, fires, disasters, power outages, crimes against the residents and suspected patient abuse. This section includes a notification requirement that the resident's family, guardian, and/or designated responsible person or community agency be notified in addition to the Department upon the occurrence of certain enumerated events such as serious accidents, criminal acts, resident transfer and resident death.

Subchapter 4 also contains a public posting requirement to inform interested parties on how to obtain available information pertaining to licensure waivers, the last annual licensure inspection, policies for resident rights, security procedures, telephone numbers for reporting abuse and a mechanism by which to contact the facility's governing body during regular business hours, as set forth at N.J.A.C. 8:43D-4.8. It includes a requirement for maintaining records with respect to annual admissions and discharges, as well as statistical data regarding resident census and facility

characteristics, as set forth at N.J.A.C. 8:43D-4.9. Furthermore, there are requirements for admitting residents to a pediatric community transitional home which include a provision for the admission of residents regardless of their ability to pay, as set forth at N.J.A.C. 8:43D-4.10, and an involuntary discharge process, including an appeal process, as set forth at N.J.A.C. 8:43D-4.11.

Subchapter 5 stipulates the appointment of an administrator and written designation of an alternate, as set forth at N.J.A.C. 8:43D-5.1. N.J.A.C. 8:43H-5.2 requires an administrator of a pediatric community transitional home to be an individual who is at least 21 years of age and has a bachelor's degree with two years of experience in management or supervision or six years of experience in a health care or human services related position, of which two shall be in management or supervision. N.J.A.C. 8:43D-5.3 outlines the responsibilities of the administrator, including, but not limited to, ensuring the development, implementation and enforcement of all policies and procedures to operate the facility. It also establishes a liaison and communication role for the administrator with facility staff, residents, residents' families, hospitals and mental health agencies, as well as requires the facility to serve the community as a valuable resource. Qualifications of dietitians/dietitian consultants set forth at N.J.A.C. 8:43D-5.4 require that the individual be registered or eligible for registration by the Commission of Dietetic Registration of the American Dietetic Association; or hold a bachelor's degree with a major in foods, nutrition, food service or institution management; or the equivalent course work with completion of a dietetic internship accredited by the American Dietetic Association; or a dietetic traineeship approved by the American Dietetic Association; or have a year of full-time experience in nutrition and/or food service management in a health care setting; or have a master's degree plus six months of full-time, or full-time equivalent experience in nutrition and/or food management in a health care setting.

The qualifications for a licensed practical nurse set forth at N.J.A.C. 8:43D-5.5 and those for a registered professional nurse set forth at N.J.A.C. 8:43D-5.9 require the individual to be appropriately licensed by the New Jersey Board of Nursing pursuant to the provisions of N.J.A.C. 13:37. The qualifications pertaining to a child care worker stipulate each worker must be 18 years or older and have either a high school diploma or general equivalency diploma. Qualifications of pharmacists/pharmacist consultant require the individual to be registered by the New Jersey State Board of Pharmacy pursuant to the provisions of N.J.A.C. 13:39. Likewise, physicians and social workers are required to be duly licensed or certified, as applicable, by the New Jersey State Board of Medical Examiners (see N.J.A.C. 13:35) or the New Jersey Board of Social Work Examiners (see N.J.A.C. 13:44G), respectively.

N.J.A.C. 8:43D-5.11 sets forth the minimum staffing requirement which establishes the ratio of one child care worker for every three residents, with the provision that the facility, based on their needs assessment, shall employ staff in sufficient numbers to provide basic care, assistance and supervision necessary for each resident. This section of the rules stipulates the facility develop and implement a staff

orientation, education and training plan which includes at least annual in-service education addressing the following: interdisciplinary plans; emergency plans; infection control; and quality assurance. It also establishes a staff scheduling and time verification policy, termination policy, and infection control policy for reportable communicable disease for all personnel, including staff under contract.

N.J.A.C. 8:43D-5.12 sets forth minimum staff requirements for pediatric residential care which stipulate a full-time nursing director must be a registered professional nurse licensed in New Jersey and have at least two years of experience in providing care to pediatric residents. This section of the rule requires that one registered professional nurse be on duty for 40 hours per week and the same be available by telephone at all times. It also requires the facility to establish staff monitoring and supervision policies to oversee the health, safety and general welfare of the residents on a 24-hour basis.

N.J.A.C. 8:43D-5.13 requires each facility to retain a medical director licensed to practice medicine in New Jersey as a pediatrician or family practice physician with at least one year of experience providing medical care to children who will oversee the residents' care and medical care policies of the facility. It also makes the medical director responsible for ensuring the availability of a primary care provider and an alternate primary care provider for each resident and that an on-call physician be available 24 hours a day on a seven-day-a-week basis. In addition, this section includes a requirement that primary care provider's orders be entered in each medical record, the medical director review resident medical records as well as all reports of documented incidents, and a primary care provider visit each resident at least every 30 days unless explicit justification for not doing so is entered into the medical record.

Subchapter 6 sets forth the requirement of written resident care policies and procedures as set forth at N.J.A.C. 8:43D-6.1, among which are resident rights, staffing levels, emergency medical and dental care, health education, smoking policies and resident discharge, termination, transfer and readmission. Also, this section requires the facility to develop written policies and procedures for monitoring the quality of health care services provided to residents which shall include: length of stay, medication errors, resident injury and resident mortality. N.J.A.C. 8:43D-6.2 outlines the financial and payment arrangements pertaining to residents which include maintenance of written financial records, informing the resident's legal guardian or appropriate party of changes in cost apart from those previously agreed upon through written notice and providing the party responsible for the resident with information regarding financial assistance.

Subchapter 7 outlines resident assessment and care plans that stipulate an assessment by a registered nurse, as set forth at N.J.A.C. 8:43D-7.1. Each resident shall be examined by a primary care provider within five days before, or 48 hours after, admission and a comprehensive assessment of the resident shall be completed within 10 days of admission to formulate the interdisciplinary care plan, which shall be updated at least quarterly or as needed, as set forth at N.J.A.C.8:43D-7.2. Furthermore, the

facility shall be required to ensure the implementation of the interdisciplinary plan for each resident. In addition, the resident's family/responsible person has the right to select their own physician, as set forth at N.J.A.C. 8:43D-7.3.

Subchapter 8 establishes standards governing dining services. N.J.A.C. 8:43D-8.1 requires the facility to provide dining services to meet the daily nutritional needs of residents, including an initial dietary consultation within 30 days of admission and a follow-up nutritional consultation at least quarterly, or as needed. N.J.A.C. 8:43D-8.2 outlines the responsibilities of the dietitian/dietitian consultant, among which are nutritional assessment, nutritional reassessment, implementation of the interdisciplinary plan, record maintenance, counseling services and education. N.J.A.C. 8:43D-8.3 sets forth the requirements of dining services among which are an annual in-service training seminar provided by a dietitian/dietitian consultant, posting of a current menu, planned menus at least 14 days in advance, available between-meal snacks, adherence to the diet portion of the interdisciplinary care plan, and service of meals at appropriate temperatures. N.J.A.C. 8:43D-8.4 specifies that commercial food management firms must comply with the standards of this subchapter.

This section requires that diets served be consistent with the American Dietetic Association's "Pediatric Manual of Clinical Dietetics" (6th edition, 2002) and/or "The Manual of Clinical Dietetics" (2nd edition, 2003). The former manual is a reference work for medical nutrition therapy for numerous diseases and conditions. It includes guidelines for implementing specific diets, nutrition assessments for adults and children, and various other aspects of clinical nutrition management. The latter manual is a reference work specific to the nutrition needs of children. It includes guidelines for nutritional assessment, nutrition support, nutrition management of various clinical pediatric conditions and formula recipe charts with preparation and mixing instructions.

Subchapter 9 requires the facility to ensure the provision of pharmaceutical services to residents, in accordance with physician orders and each resident's interdisciplinary care plan. Specifically, N.J.A.C. 8:43D-9.2 requires the registered professional nurse to oversee the administration of prescribed or non-prescribed over-the-counter medication and document required findings. It also permits the delegation of the administration of prescribed or non-prescribed over-the-counter medications to specially trained childcare workers. N.J.A.C. 8:43D-9.3 requires that a pharmacist/consultant pharmacist direct all pharmaceutical services. Further, the pharmacist/consultant pharmacist must provide education for employees and residents, establish policies on the self-administration and storage of medication, review records quarterly and inspect areas utilized for storage or administration or disposal of medication. N.J.A.C. 8:43D-9.4 stipulates the storage policies and practices for prescription and over-the-counter medication and the labeling and distribution of such medication.

This section requires compliance with U.S.P. (United States Pharmacopoeia) requirements. The U.S.P. is the generally recognized book of drug standards. It

contains standards and specifications with regard to drugs and nutritional supplements. It addresses drug substances, dosage forms and storage requirements. The publication includes requirements for drug tests and assays and many scientific tables.

Subchapter 10 ensures that social work services for residents will be provided by licensed or certified social workers, in accordance with New Jersey Social Work Board requirements.

Subchapter 11 requires the availability of emergency medical services as well as a written plan for emergency transportation, as set forth at N.J.A.C. 8:43D-11.1. N.J.A.C. 8:43D-11.2 requires the development of written emergency plans, policies and procedures for medical emergencies, power failures, fire or natural disasters, and the filing of those plans with the Department. It further requires the establishment of emergency procedures which detail notification methods, use of emergency equipment, frequency of fire drills, diagram of evacuation routes and the training of personnel to appropriately react to these emergency situations. N.J.A.C. 8:43D-11.3 requires the facility to conduct a monthly drill of their emergency plan, maintain documentation of drills, conduct at least one joint drill with the local fire department annually and inspect and maintain their fire extinguishers for use.

Subchapter 12 sets forth the facility's responsibilities with respect to resident records. N.J.A.C. 8:43D-12.1 requires that resident records contain a completed admission application, interdisciplinary care plan, all health care assessments and treatments, patient notes, and personal information. N.J.A.C. 8:43D-12.2 stipulates the records and information of an individual resident are confidential and may only be released if properly authorized. N.J.A.C. 8:43D-12.3 establishes a 10-year record retention period for all resident records after resident discharge or until the resident's 20th birthday, whichever is longer. N.J.A.C. 8:43D-12.4 specifies that the records required by the subchapter to be kept shall be available on the premises for review at any time. N.J.A.C. 8:43D-12.5 requires a current census register of all residents be maintained and safeguarded. N.J.A.C. 8:43D-12.6 requires the administrator to provide written documentation confirming the pronouncement of death, disposition of the body and a record of notification to the family.

Subchapter 13 sets forth resident rights. Among its principles are fostering independence and individuality, respect for each resident's privacy, encouraging family participation and providing an environment free from physical or sexual harassment and abuse, as well as corporal punishment.

Subchapter 14 governs housekeeping, sanitation, safety and maintenance, requiring all facilities to provide and maintain a sanitary and safe environment for residents as set forth at N.J.A.C. 8:43D-14.1. N.J.A.C. 8:43D-14.2 establishes a standard for the development of a written work plan for housekeeping operations including scheduling of all housekeeping operations and training programs for all housekeeping employees. N.J.A.C. 8:43D-14.3 lists housekeeping and sanitation

conditions that should be met, such as maintaining the facility free from dust, debris, and noxious odors, ensuring equipment is cleaned, disinfected, sanitized and sterilized as appropriate, and implementing measures to minimize the presence of rodents, flies, roaches and other vermin. It also requires proper use of pesticides, household items and cleaning products and safe storage of combustible materials. N.J.A.C. 8:43D-14.4 stipulates that all garbage shall be collected, stored and disposed of in accordance with the rules of the New Jersey Department of Environmental Protection. N.J.A.C. 8:43D-14.5 establishes heating and air conditioning requirements to ensure proper temperatures are maintained 24 hours a day. N.J.A.C. 8:43D-14.6 requires water supply be operated and maintained in conformance with the New Jersey Safe Drinking Water Act. It further requires that hot water for bathing and handwashing be at least 95 degrees but not exceed 110 degrees Fahrenheit. N.J.A.C. 8:43D-14.7 stipulates the building and grounds to be well maintained and kept free from fire hazards as well as other residential health and safety hazards. N.J.A.C. 8:43D-14.8 establishes written policies and procedures for the facility's laundry services, among which are protecting clean laundry from contamination during processing, transporting and storage stages, providing accessible handwashing facilities and adequate ventilation at the on-site laundry service and, upon request, providing in-house assistance for residents choosing to launder their own clothing.

Subchapter 15 governs infection prevention and control. N.J.A.C. 8:43D-15.1 requires pediatric community transitional homes to employ a licensed professional nurse who, in coordination with the administrator, establishes a policy and procedure manual, as well as an organizational plan for infection prevention and control. N.J.A.C. 8:43D-15.2 stipulates the minimum standards applicable to policies and procedures for surveillance, prevention and control of nosocomial infection and requires that they shall be consistent with various guidelines available from the United States Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333. Specifically, N.J.A.C. 8:43D-15.2(a)1 requires that policies and procedures be consistent with the Guidelines for Handwashing and Hospital Environmental Control. This document includes recommendations regarding the indications for and frequency of handwashing, handwashing techniques, types of detergents and use of gloves. Additionally, it provides recommendations on the appropriate cleaning and sterilization of patient care equipment, waste disposal, laundry, and housekeeping practices.

N.J.A.C. 8:43D-15.2(a)2 requires that policies and procedures be consistent with Guidelines for Isolation Precautions in Hospitals. These emphasize the importance of properly handling all body fluids, secretions and excretions and their role in the transmission of disease and contain precautions on how to avoid the spread of pathogens. N.J.A.C. 8:43D-15.2(a)3 and 15.4(a) require that policies and procedures be consistent with guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities. These guidelines cover isolation precautions, personal protection equipment, precautions for special procedures and treatment, employee health and coordination with public health authorities. N.J.A.C. 8:43D-15.2(a)4 requires that policies and procedures be consistent with Criteria established by

the Centers for Disease Control and Prevention and Occupational Safety and Health Administration Publication for Bloodborne Pathogens. This document contains guidelines for the development and implementation of an exposure control plan to reduce the risk of patient and staff exposure to blood and other potentially infectious body fluids.

N.J.A.C. 8:43D-15.3 contains the general infection control policies and procedures that include but are not limited to the practice of surveillance techniques to minimize the sources and transmission of communicable diseases in accordance with Chapter 2 of the New Jersey Sanitary Code. It also addresses implementing sterilization, disinfection and cleaning techniques to care for all equipment and devices and the disposal of all needles and syringes in accordance with N.J.S.A. 2A:170-25.17 and N.J.A.C. 8:43E. Furthermore, N.J.A.C. 8:43D-15.4 requires pediatric community transitional homes to implement two-step Mantoux tuberculin skin testing for all new and untested employees with appropriate follow-up treatment where necessary. It also requires the development of disinfecting procedures and protocols, and the maintenance of employee and volunteer records on contagious disease, as well as the care of employees who become ill while at work or who have a work-related accident and for volunteers becoming ill or who have an accident while volunteering their time at the facility. In addition, N.J.A.C. 8:43D-15.5 requires all staff members to be informed of the facility's infection control procedures, including personal hygiene.

Because a 60-day comment period has been provided on this notice of proposal, this notice is excepted, pursuant to N.J.A.C. 1:30-3.3(a)5, from the rulemaking calendar requirement.

Social Impact

The proposed new rules establish appropriate minimum requirements for the provision of care at pediatric community transitional homes. These rules will ensure effective pediatric community transitional home care and protection of resident health, safety and general welfare.

Residents affected by the rules are medically fragile children including, among others, children requiring care for HIV, AIDS, cerebral palsy, liver transplantation surgery aftercare, physical or emotional abuse problems, or those who require GI tube feedings, intravenous infusion therapy, cardiac monitoring and/or respiratory therapy and monitoring. The proposed rules are expected to have a favorable social impact on children in need of or residing at pediatric community transitional homes, as well as the surrounding community by providing minimum standards of acceptable care. For medically fragile children, pediatric community transitional homes are a more appropriate alternative to a prolonged stay in a higher level medical institution, since these homes are capable of providing health care, personal care and social services to children, aged birth to 18, who require a lesser degree of medical care than that afforded them in an acute care hospital, as well as a transitional placement into

mainstream community life. Licensure of these homes by the Department as health care facilities will add support to an existing foundation of necessary and positive services to improve the level and quality of care being provided to children in need.

These proposed new rules will promote high-quality supportive personal and health care services for medically fragile children in a community living environment. These rules will ensure the employment of qualified staff, a safe physical plant and environment, planned emergency services, adequate record keeping policies and procedures to oversee the provision of resident care, and an interdisciplinary team approach to establishing a plan of care for each resident. The proposed rules will enhance the quality of services for residents by establishing standards for functions such as staffing, dietary, pharmacy, patient rights, employee health, infection control, housekeeping and maintenance. The accessibility and availability of these licensed services will help to prevent fragmentation of services for medically fragile children and promote continuity of care.

Economic Impact

The Department foresees minimal financial impact to pediatric community transitional homes, since those homes in existence are already providing most, if not all services required by the proposed new rules. It is anticipated that only minimal cost will be incurred by the industry and the cost will be readily absorbed. Since these homes already exist, no change in capital costs will result from the proposed new rules and very little additional costs are expected to be associated with the implementation of new policies and procedures that are required to operate these homes. The industry will be subject to a number of nonrefundable fee charges, such as a charge of \$300.00 plus \$10.00 per bed for the filing of an application for licensure and annual renewal of the license, a biennial inspection fee of \$300.00, a relocation fee of \$250.00 and transfer of ownership fee of \$500.00.

No significant additional cost to the State or the public is expected to result from the licensing and inspection of these facilities. The Department will have sufficient resources to conduct surveys, respond to complaints and to develop and maintain appropriate licensure rules. Although the existing facilities are currently absorbing the costs required for compliance with these rules, such compliance and attendant costs are now mandatory. Any new providers will also be mandated to comply with all requirements and the costs these entail. Costs chiefly fall into the areas of capital for building/physical plant; actual provision of care; compliance with staffing and staff qualification requirements; the development of required policies and procedures; development and maintenance of appropriate housekeeping and sanitation programs and the development and implementation of an effective infection control program. The delivery of services by licensed pediatric community transitional homes is expected to result in considerable economic savings when compared with the more costly institutional alternatives.

Federal Standards Statement

There are no Federal standards governing pediatric community transitional homes. Therefore, no Federal standards analysis is necessary.

Jobs Impact

The Department does not expect that any jobs will be generated or lost in the State of New Jersey as a result of the proposed new licensure rules.

Agriculture Industry Impact

These proposed new licensure rules will have no impact on the agriculture industry of the State of New Jersey.

Regulatory Flexibility Analysis

All existing pediatric community transitional homes are considered small businesses, as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. Accordingly, the proposed new rules will impose reporting, recordkeeping or compliance requirements on small businesses. The proposed new rules establish policies and procedures for the organization and operation of the facility, notification of reportable events, and the retention as well as maintenance of resident records concerning admissions and discharges (N.J.A.C. 8:43D-4), resident care (N.J.A.C. 8:43D-6), resident assessment and development of interdisciplinary care plans (N.J.A.C. 8:43D-7), emergency medical services and emergency plans (N.J.A.C. 8:43D-11), individual resident records (N.J.A.C. 8:43D-12), and the rights of residents (N.J.A.C. 8:43D-13). These policies and procedures involve very little additional cost, and are primarily procedural. In addition, child care worker and nursing staffing requirements (N.J.A.C. 8:43D-5) are included. No additional professional services will be needed to comply. The cost of meeting these requirements is expected to be minimal. N.J.A.C. 8:43D-14 stipulates that a facility establish housekeeping, sanitation, safety and maintenance policies and procedures to provide a safe and sanitary environment. N.J.A.C. 8:43D-15 requires the development and implementation of an infection and prevention control program. Specifically, N.J.A.C. 8:43D-15.4 establishes employee health requirements regarding tuberculosis and other communicable diseases. Costs for monitoring and testing, if needed, are minimal. The implementation of these programs involve very little additional cost, and are primarily procedural requirements, with no change in capital costs. Please also see the Economic Impact, above, for a more detailed discussion of costs.

These standardized rules are essential to protect the health and safety of pediatric community transitional home residents. A pediatric community transitional home may seek waiver of certain licensing requirements but, in doing so, the application must provide a satisfactory alternative proposal to ensure a resident's health and safety needs.

Smart Growth Impact

The proposed new rules shall not have an impact on the achievement of smart growth and the implementation of the State Development and Redevelopment Plan.

Full text of the proposed new rules follows:

CHAPTER 43D
STANDARDS FOR LICENSURE OF PEDIATRIC COMMUNITY
TRANSITIONAL HOMES

SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS

8:43D-1.1 Scope

The rules in this chapter pertain to all facilities which provide pediatric community transitional home services. These rules constitute the basis for the licensure of pediatric community transitional homes by the New Jersey Department of Health and Senior Services.

8:43D-1.2 Purpose

The purpose of these rules is to establish minimum licensure standards applicable to pediatric community transitional homes to promote a coordinated array of supportive personal and health care services, available 24 hours per day, to medically fragile children in a community living environment.

8:43D-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Activities of daily living (ADL)” means the functions or tasks that are performed by the staff of the pediatric community transitional home, or by the resident either with or without supervision or assistance by staff. Activities of daily living include at least: mobility, transferring, walking, grooming, bathing, dressing and undressing, eating, and toileting.

“Administrator” means the person who is responsible for operating the facility on a day to day basis.

“Admission agreement” means a document developed by the facility and signed by both a facility representative and the resident or the resident’s responsible party prior to admission to the facility. This agreement clearly and in plain English describes all services to be provided to the resident, the cost of the services, additional services available and the cost of these, specification of the time interval in which charges will not be increased, admission and discharge criteria and discharge appeal mechanisms.

“Advanced practice nurse” means a person who holds a certification in accordance with section 8 or 9 of P.L. 1991, c.377 (N.J.S.A. 45:11-47 or 45:11-47).

“Available” means, pertaining to equipment, present and ready for immediate use; pertaining to personnel, “available” means capable of being reached by telephone 24 hours per day.

“Bedridden” means physically unable to leave bed, even with assistance.

“Cleaning” means the removal, by scrubbing and washing, with hot water, soap or detergent and/or vacuuming where appropriate, of infectious agents and/or organic matter from surfaces on which and in which infectious agents may survive or multiply.

“Commissioner” means the New Jersey State Commissioner of Health and Senior Services.

“Communicable disease” means an illness, due to a specific infectious agent or its toxic products, which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

“Conspicuously posted” means placed at a location within the facility accessible to and in plain view to patients and the public.

“Contamination” means the presence of an infectious or toxic agent in the air, on a body surface, or on or in clothes, bedding, instruments, dressings, or other inanimate articles or substances, including water, milk, and food.

“Current” means up-to-date reflecting the present calendar day, month and year.

“Department” means the New Jersey Department of Health and Senior Services.

“Disinfection” means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied. The term “disinfection” shall include concurrent disinfection; that is, the application of measures of disinfection as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges. All personal contact with such discharges or articles shall be minimized prior to concurrent disinfection. The term “disinfection” shall also include post care disinfection, which is the application of measures of disinfection after the patient has ceased to be a source of infection.

“Documented” means written, signed, and dated.

“Employee” means a person who is employed in the pediatric community transitional home on a full or part-time basis and for whom a record of hours worked

and wages paid are maintained and who meets the health, age and other requirements of this chapter. Reimbursement for such employment may include salaries, wages, room and board, or any combination thereof.

“Full-time” means relating to a time period established by the facility as a full working week, as defined and specified in the facility’s written policies and procedures.

“Governing authority” means the organization, person, or persons designated to assume legal responsibility for the management, operation, and financial viability of the facility.

“Guardian” means an individual or individuals appointed or approved by a court of competent jurisdiction to act in a fiduciary capacity toward a facility resident or residents. The term “guardian” as used in this chapter shall not be limited to any particular or specific type of court-appointed or approved guardian and every type of guardian shall be given due consideration with respect to making decisions on behalf of residents, as contextually appropriate.

“Health care facility” means a facility as defined within N.J.S.A. 26.2H-2., as amended.

“Hours of operation” means normal business hours, during which the facility is open for business.

“Interdisciplinary plan of care” means a written, individualized plan of care for each resident, developed by the interdisciplinary team members participating in the resident's care, and based upon their assessment of the patient's immediate and long-term needs.

"Interdisciplinary team" means individual representatives from medicine, nursing, and social work/case management who work together to plan, provide and evaluate a comprehensive, integrated program of care to each resident of the facility.

“Job description” means written specifications developed for each position in the facility, including the qualifications, duties and responsibilities, and accountability required of employees in that position.

“Licensed nursing personnel” (licensed nurse) means registered professional nurses and licensed practical (vocational) nurses, licensed by the New Jersey State Board of Nursing, pursuant to the provisions set forth in N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37, as amended.

“Licensed practical nurse” means a person who is licensed by the New Jersey State Board of Nursing pursuant to the applicable provision of N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37, as amended.

“Medically fragile child” means an individual, birth to 18 years, requiring a coordinated array of integrated personal and health care services, available 24 hours per day, seven days a week, who may benefit from placement in a pediatric community transitional home.

“Medical director” means a licensed primary care provider of medicine or osteopathy who is designated by the pediatric community transitional home as having overall responsibility for the medical component of the services provided within a pediatric community transitional home.

“Medication” means a drug or medicine as defined by the New Jersey State Board of Pharmacy.

“Monitor” means to observe, watch, or check.

“Pediatric community transitional home” means a facility licensed by the Department of Health and Senior Services to provide integrated health care services, personal care and social services to medically fragile children, birth to 18 years of age, who require a transitional placement in a community living atmosphere, prior to an appropriate longer term residential placement.

“Pediatric community transitional health care service” means any service provided to a resident of a pediatric community transitional home that is ordered by a primary care provider and required to be provided or delegated by a licensed, registered or certified health care professional. Any other service, whether or not ordered by a primary care provider, that is not required to be provided or delegated by a licensed, registered or certified health care professional is not a health care service.

“Personal care” means services supportive to residents’ care and comfort, including, but not limited to, assistance with activities of daily living.

“Physician assistant” means a person who holds a current, valid license issued pursuant to N.J.A.C. 45:9-27.13a.

“Primary care provider” means a person who is licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey at N.J.S.A. 45:9-1 et seq. and N.J.A.C. 13:35, as amended.

“Primary care provider assistant” means a person who holds a current valid licensed issued pursuant to N.J.A.C. 45:9-27.13.a(4).

“Primary care providers (PCP)” means a primary care provider, a primary care provider assistant or an advanced practice nurse, who supervises, coordinates and provides initial and basic care for the resident.

“Registered professional nurse” means a person who is licensed by the New Jersey State Board of Nursing pursuant to the applicable provisions set forth at N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37, as amended.

“Resident” means a child, birth to 18 years of age, who resides in a pediatric community transitional home.

“Responsible person or responsible party” means a parent or parents, an agency designated by the parent or parents through a voluntary placement contract, or a person or persons or agency designated by court decision to assist the resident, as needed, in arranging for health, social and financial services or making decisions regarding such services.

“Self administration” means a procedure in which any medication is taken orally, injected, inserted, or topically or otherwise administered by a resident to himself or herself. The complete procedure of self administration includes removing an individual dose from a previously dispensed (in accordance with the New Jersey State Board of Pharmacy rules, N.J.A.C. 13:39), labeled container (including a unit dose container), verifying it with the directions on the label, and taking orally, injecting, inserting or topically or otherwise administering the medication.

“Shift” means a time period defined as a full working day by the facility in its policy manual.

“Signature” means at least the first initial and full surname and title (for example, R.N., L.P.N., D.D.S., M.D.) of a person, legibly written either with his or her own hand, generated by computer with authorization safeguards, or any other information required by a professional licensing board.

“Staff education plan” means a written plan, which describes a coordinated program for employee education for each service provided at the facility, including inservice programs and on-the-job training.

“Staff orientation plan” means a written plan which describes a coordinated program for each new employee concerning the duties and responsibilities of the service to which he or she has been assigned, as well as the personnel policies of the facility.

“Sterilization” means a process of destroying all microorganisms, including spores, in, on, and around an object.

“Supervision” means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his or her sphere of professional training, with initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

“Transitional stay” generally means a length of stay of 120 days or less per admission.

“Volunteer” means a person trained by a pediatric community transitional home staff who serves a pediatric community transitional home without monetary compensation.

SUBCHAPTER 2. LICENSURE PROCEDURES

8:43D-2.1 Application for licensure

(a) The Department shall charge a nonrefundable fee of \$300.00 plus \$10.00 per bed for the filing of an application for licensure of a pediatric community transitional care home and for the annual renewal of the license. The facility shall receive a license for the maximum number of beds approved by the Department. Licensure forms may be obtained from:

Director
Certificate of Need and Acute Care Licensure
New Jersey Department of Health and Senior Services
P.O. Box 360, Room 403
Trenton, New Jersey 08625
609-292-5960

(b) All pediatric community transitional care homes shall obtain licensing approval from the Department prior to initiating services. All existing pediatric community transitional homes shall be licensed within one year of the effective date of the rule or be subject to the penalties for operating a health care facility without a license.

(c) Each licensed pediatric community transitional home shall be assessed a biennial inspection fee of \$300.00. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. It shall not be imposed for any other type of inspection.

(d) Each applicant for a license to operate a facility may make an appointment for a preliminary conference at the Department's Certificate of Need and Acute Care Licensure Program to review all licensing requirements.

(e) All licensure applications shall include, but not be limited to, the following:

1. An evaluation of the licensing track record of the proposed licensed operator in New Jersey and other states, where applicable. This evaluation shall include pediatric community transitional homes and other licensed health care facilities primarily serving children, which are owned, operated or managed by the prospective licensed operator, as well as any such facilities owned, operated or managed by an entity affiliated with the proposed operator. Any evidence of licensure violation representing serious risk of harm to patients may be considered by the Department, as

well as any record of criminal conviction representing a risk of harm to the safety and welfare of the patients;

2. A description of the physical plant, including the number and type of beds requested;

3. An evaluation of any requested waivers to licensing requirements that are sought in accordance with N.J.A.C. 8:43D-2.6;

4. A description of how the architectural design will meet the needs of the pediatric population served; and

5. A description of how the physical plant will facilitate the care of residents with problems such as reduced mobility, incontinence and physical defects.

(f) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application to amend the number of beds at an existing pediatric community transitional home.

(g) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application for the relocation of a pediatric community transitional home.

(h) The Department shall charge a nonrefundable fee of \$500.00 for the filing of an application for the transfer of ownership of a pediatric community transitional home.

(i) An application for licensure shall be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules.

(j) A certificate of need is not required to initiate or operate pediatric community transitional home facilities or services.

8:43D-2.2 Newly constructed, renovated or expanded facilities

(a) Any pediatric community transitional home desiring to construct, expand or renovate shall submit plans to the Health Care Plan Review Services, Division of Codes and Standards, Department of Community Affairs, PO Box 815, Trenton, NJ 08625-0815, for review and approval prior to the initiation of construction or renovation.

(b) The licensure application for a newly constructed, renovated or expanded facility shall include written approval of final construction of the physical plant in accordance with N.J.A.C. 8:43D-3.1 by:

Health Care Plan Review Services
Division of Codes and Standards
Department of Community Affairs
PO Box 815
Trenton, NJ 08625-0815
609-633-8151

8:43D-2.3 Surveys

(a) When the written application for licensure is approved and the building is ready for occupancy, a survey of the facility by representatives of the Inspections, Compliance and Complaints Program of the Department shall be conducted to determine if the facility adheres to the rules in this chapter.

1. The facility shall be notified in writing of the findings of the survey, including any deficiencies found.

2. The facility shall notify the Inspections, Compliance and Complaints Program of the Department when the deficiencies, if any, have been corrected, and the Inspections, Compliance and Complaints Program shall schedule one or more resurveys of the facility prior to occupancy and licensure.

(b) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.

8:43D-2.4 License

(a) A license shall be issued for a period of one year or less to a facility when the following conditions are met:

1. The initial survey required by N.J.A.C. 8:43D-2.3(a) results in a finding of substantial compliance with the requirements of this chapter;

2. The completed licensure application is on file with the Department;

3. The fee for filing of the application has been received by the Department;

4. A copy of the admission agreement is on file with the Department;

5. Written approvals are on file with the Department from the local zoning, fire, health and building authorities; and a copy of the certificate of occupancy or a certificate of continued occupancy that has been issued by the appropriate local authority has been submitted to the Department;

6. Written approvals of the water supply and sewage disposal system from local officials are on file with the Department for any water supply or sewage disposal system not connected to an approved municipal system;

7. Personnel are employed in accordance with the staffing requirements in this chapter; and

8. The applicant has demonstrated compliance with the track record rules pursuant to N.J.A.C. 8:43-5.1(b).

9. If requested by the potential licensed operator, a preliminary conference for review of the conditions for licensure and operation (see N.J.A.C. 8:43D-2.1(e) 1 through 7) has taken place between the Certificate of Need and Acute Care Licensure Program and representatives of the facility, who will be advised that the purpose of the conference is to allow the Department to determine the facility's compliance with N.J.S.A. 26:2H-1 et seq., as amended, and the rules pursuant thereto.

(b) No facility shall admit residents to the facility until the facility has the written approval and/or license issued by the Certificate of Need and Acute Care Licensure Program of the Department. Violators of this requirement will be subject to penalties for operating a facility without a license, pursuant to N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E.

(c) The license shall be conspicuously posted in the facility.

(d) Except as set forth below, the license is not assignable or transferable, and it shall be immediately void if the pediatric community transitional home ceases to operate, if the pediatric community transitional home ownership changes, if the pediatric community transitional home is relocated to a different site, or if a part of a pediatric community transitional home ceases to operate.

1. If the pediatric community transitional home or a part thereof ceases to operate, the licensee may request that the Department maintain the license for a period of up to 24 months. The licensee shall make such a request at least 30 days prior to ceasing operations, and such request shall include the rationale for requesting the extension and the time frame of the extension. The Department shall maintain the license if the circumstances indicate that the licensee will again operate the pediatric community transitional home or part thereof, within the time frame of the extension requested, and based on the specific facts and circumstances of each case.

2. In the case of a transfer of ownership, new owners of a pediatric community transitional home shall make application for licensure with the Department, in accordance with the provisions as set forth in N.J.A.C. 8:43D-2.1 and this subchapter. In addition, the following information shall be submitted with the application:

i. A description of the proposed transfer of ownership, in detail, including total purchase cost;

ii. Identification of 100 percent of both the current and prospective ownership of both the physical assets of the pediatric community transitional home and the operating;

iii. Where applicable, identification of 100 percent of the ownership of leased buildings and property;

iv. Copies of all legal documents pertinent to the transfer of ownership transaction, which are signed by both the current licensed owners and the proposed licensed owners; and

v. Documentation of compliance with requirements specified at N.J.A.C. 8:43D-3.1(d).

(e) The license, unless suspended or revoked, shall be renewed annually on the original licensure date, or within 30 days thereafter, but dated as of the original licensure date. The facility will receive a request for renewal fee 30 days prior to the expiration of the license. A renewal license shall not be issued if the licensure fee is not received by the Department in a timely fashion, or if the facility is more than 60 days delinquent in payment of a penalty issued pursuant to N.J.S.A. 26:2H-14.

(f) The license shall not be renewed if compliance with local rules, regulations and/or requirements has not been maintained.

(g) Failure to renew a license shall constitute operation of a health care facility without a license and may result in issuance by the Department of a cease and desist order, in accordance with N.J.A.C. 8:43E-3.11 and other penalties assessed in accordance with N.J.A.C. 8:43E-3.4(a)1.

8:43D-2.5 Surrender of license

The facility shall notify each resident, the resident's primary care provider, and any guarantors of payment at least 30 days prior to the voluntary surrender of a license, or as directed under an order of revocation, refusal to renew, or suspension of license. In such cases, the license shall be returned to the Certificate of Need and Acute Care Licensure Program of the Department within seven working days after the voluntary surrender, revocation, non-renewal, or suspension of the license.

8:43D-2.6 Waiver

(a) The Commissioner or his or her designee may, in accordance with the general purposes and intent of N.J.S.A. 26:2H-1 et seq., as amended, and this chapter,

waive sections or partial sections of these rules if, in his or her opinion, such waiver would not endanger the health, safety and/or general welfare of facility residents or the public.

(b) A facility seeking a waiver of these rules shall apply in writing on a form provided by the Department to the Director of the Certificate of Need and Acute Care Licensure Program of the Department.

(c) A written request for waiver shall include the following:

1. The specific rule(s) or portion(s) of the rule(s) for which waiver is requested;
2. The reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility if the waiver does not issue;
3. An alternative proposal which would ensure resident safety and meet the overall intent of these rules; and
4. Documentation to support the request for waiver.

(d) The Department reserves the right to request additional information before processing a request for waiver, depending upon the waiver requested.

8:43D-2.7 Action against a license

(a) If the Department determines that operational or safety deficiencies exist, it may require that all admissions to the facility cease. This may be done simultaneously with, or in lieu of, action to revoke licensure and/or impose a fine. The Commissioner or his or her designee shall notify the facility in writing of such determination.

(b) All procedures for the imposition of penalties and other enforcement actions/remedies as well as the rights and procedures available to facilities to request a hearing to contest survey finding(s) or the imposition of penalties shall be in accordance with N.J.A.C. 8:43E-3 and 4.

(c) The Commissioner may order the immediate removal of residents from a facility whenever he or she determines imminent danger to any person's health, safety or general welfare.

8:43D-2.8 Hearings

All procedures for the imposition of penalties and other enforcement actions/remedies as well as the rights and procedures available to facilities to request a

hearing to contest survey findings or the imposition of penalties shall be in accordance with N.J.A.C. 8:43E-3 and 4.

8:43D-2.9 Advertisement of pediatric community transitional homes

Only facilities licensed as pediatric community transitional homes may describe and offer themselves to the public as providing pediatric community transitional home services. Violation of this requirement shall constitute operation of a health care facility without a license, and shall be subject to penalty in accordance with N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E.

SUBCHAPTER 3. PHYSICAL PLANT AND ENVIRONMENT

8:43D-3.1 Scope

(a) The standards in this subchapter shall apply to new construction of pediatric community transitional homes or alterations or renovations to existing buildings to create a pediatric community transitional home.

(b) New buildings and alterations, renovations and additions to existing buildings for pediatric community transitional homes with more than five beds shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode.

(c) New buildings and alterations, renovations, and additions to existing buildings for pediatric community transitional homes with five beds or less shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group R-2 of the subcode and shall also require:

1. The boiler/heating unit room to be enclosed with a one-hour rated firewall;

2. The kitchen to have two fire extinguishers, each bearing the seal of Underwriters Laboratories, one of which shall be mounted over the cooking surfaces and the other wall-mounted and easily accessible by facility staff;

3. Smoke detectors shall be installed in all residents' bedrooms and on each story of the facility including the basement and attics in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.14; and

4. Carbon monoxide detectors shall be installed in new facilities in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.20(c) and in all additions, renovations and alterations of existing buildings in compliance with N.J.A.C. 5:23-6, Rehabilitation Subcode.

(d) Prior to approval of an application for a transfer of ownership, the Department may conduct a physical plant inspection of the facility to determine the extent of physical plant deficiencies, if any, based upon the current codes and standards in effect at the time of the transfer.

1. A report of the physical plant inspection shall be provided to the prospective buyer and seller.

2. A plan of correction shall be submitted to the Department for all physical plant deficiencies.

8:43D-3.2 Ventilation

(a) Means of ventilation shall be provided in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, either by windows or by mechanical ventilation for every habitable room.

(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by window with an openable area or by mechanical ventilation.

8:43D-3.3 Exit access passageways and corridors

The width of passageways, aisles and corridors for new buildings shall be in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.14. The width of passageways, aisles and corridors for renovations and alterations to existing buildings shall comply with New Jersey Uniform Construction Code, N.J.A.C. 5:23-6, Rehabilitation Subcode.

8:43D-3.4 Automatic fire detection system

(a) Smoke detectors shall be installed in all residents' bedrooms, in all public and common rooms and areas and in all basements and attics whether or not the facility is protected throughout with a comprehensive automatic fire suppression system.

(b) All fire detection systems shall be installed in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, the New Jersey Uniform Fire Code, N.J.A.C. 5:70, and National Fire Protection Association (NFPA) 72 E, incorporated herein by reference, as amended and supplemented. National Fire Protection publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101.

8:43D-3.5 Fire suppression systems

All facilities shall be provided with a fire suppression system, in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

8:43D-3.6 Interior finish requirement

Interior wall, ceiling and floor finishes shall be in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

8:43D-3.7 General residential unit requirements

(a) A resident occupying a standard size bed shall have a minimum of 90 square feet of clear usable floor area. A resident occupying a junior size bed shall have a minimum of 60 square feet of clear usable floor area. A resident occupying a crib shall have a minimum of 45 square feet of clear usable floor area. At least three feet of clear and usable space shall separate the sleeping accommodations between residents. Any calculation of clear and usable floor area shall exclude closets, bathroom, kitchen, hallways, corridors, vestibules, alcoves and foyers unless the applicant submits a written request to the Department to consider an alcove, foyer or vestibule as clear and usable floor area within the context and purpose of these rules and the Department grants such a request. Such request shall be made in writing during the licensing application review process.

(b) The maximum number of sleeping units for a room shall be limited to four.

(c) Egress from each room shall be possible at all times.

8:43D-3.8 Toilets, baths and handwashing sinks

(a) A bathroom with a toilet, bathtub and/or shower, and handwashing sink shall be available for every six residents.

(b) An additional toilet facility shall be provided to meet the needs of staff and visitors to the facility and shall be located in areas other than the residential units.

(c) All bathing and toilet rooms in new buildings and new or renovated bathing and toilet rooms in existing buildings shall be barrier free in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-7.

8:43D-3.9 Community space

The facility shall provide community spaces, both indoor and outdoor, for active and passive recreation. Indoor space shall be provided at a rate of 15 square feet for each resident.

8:43D-3.10 Laundry equipment

(a) Each pediatric community transitional home shall provide at least one non-commercial washer and dryer for residents' personal items.

(b) Where laundry equipment is limited to non-commercial type (ordinary household or residential types), no special fire protective measures shall be required.

(c) When commercial type laundry equipment is utilized, it shall be installed in a separate laundry room. The remainder of the home shall be protected from the laundry room by fire separation assemblies of at least one-hour rated construction. Openings in all fire separation assemblies shall be protected in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

(d) All dryers shall be vented to the outside of the building.

8:43D-3.11 Dietary department

(a) Construction, equipment, and installation of food service facilities shall meet the requirements of the dietary programs as set forth in this chapter.

(b) At a minimum, the following facilities shall be provided:

1. A storage area for a minimum four days' food supply, including refrigeration and freezer capacity for cold storage items;
2. A food preparation area;
3. Availability of handwashing facilities during food preparation and clean up;
4. An automatic dishwasher;
5. A waste storage area; and
6. A secured storage area for cleaning supplies.

(c) The facility shall comply with all other applicable sections of Chapter XII of the New Jersey Sanitary Code at N.J.A.C. 8:24.

8:43D-3.12 Physical plant designated space

(a) In all new facilities, a grade level, barrier free entrance, sheltered from the weather, shall be provided. The cover, canopy or awning for this entrance shall extend a sufficient distance from the building face to cover the entry door(s) when they are in the open position.

(b) Space for private interviews shall be provided.

(c) Space for private family visits with the resident shall be provided.

(d) General or individual offices for records, administrative and professional staffs shall be provided.

(e) Space shall be provided for storing employee's personal possessions.

(f) Separate space shall be provided for storage of office supplies, sterile or pharmaceutical supplies, and housekeeping supplies.

(g) Residential dining space as needed on an age specific basis shall be provided.

8:43D-3.13 Fire extinguisher specifications

(a) There shall be a minimum of two fire extinguishers in the basement, at least one on each floor of the building and as required in kitchen areas in accordance with the provisions set forth in N.J.A.C. 8:43D-3.1(c)2, all of which shall bear the seal of the Underwriters Laboratories.

(b) The following types of extinguishers shall be provided:

1. In kitchen areas, because of danger of grease fires, extinguishers shall be of the class B dry chemical type 2-B and a minimum of five pounds of pressure. The maximum travel distance to an extinguisher shall be 50 feet.

2. In the basement area, an extinguisher shall be Class B dry chemical type 2-B and a minimum of five pounds of pressure, if oil or gas is used as fuel. The maximum travel distance to an extinguisher shall be 50 feet.

3. In all other areas, a Class A air-pressurized 2 ½ gallon water type 2-A extinguisher shall be provided. The maximum travel distance to an extinguisher shall be 75 feet.

(c) These rules shall not supersede the Uniform Fire Safety Act, N.J.S.A 52:27D-192 et seq., or the Uniform Fire Code, N.J.A.C. 5.70. Where the standards set forth in the Uniform Fire Safety Act or the Uniform Fire Code exceed the standards contained in this chapter, those standards shall apply.

8:43D-3.14 Sounding devices

If self-locking doors are used at the main entrance and other entrances which open onto a roof or balcony, they shall be equipped with a sounding device, such as a bell, buzzer or chime, which is constantly maintained in operating condition. The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall for use in the event that a person is unable to enter the building, and shall ring at an area which is staffed 24 hours a day.

SUBCHAPTER 4. GENERAL REQUIREMENTS

8:43D-4.1 Types of services provided to residents

(a) The pediatric community transitional home shall provide and/or coordinate personal and health care services to residents, based on assessment by qualified persons, in accordance with the New Jersey Nursing Practice Act, N.J.S.A. 45:11-23, and applicable rules (N.J.A.C. 13:37), the rules in this chapter and the individual needs of each resident.

(b) The pediatric community transitional home shall provide at least the following services: assistance with personal care, nursing, pharmacy, dining, activities, recreational and social work services, transportation services and other necessary services tailored to meet the individual needs of each resident.

(c) The pediatric community transitional home shall provide supervision of and assistance with self-administration of over-the-counter (OTC) medications, and administration of prescription medications by trained and supervised personnel, as needed by residents.

(d) The pediatric community transitional home shall adhere to all applicable Federal, State, and local laws, rules, regulations, and requirements.

(e) The pediatric community transitional home shall establish written policies and procedures to arrange for the provision of age-specific, required education for each resident, as appropriate.

8:43D-4.2 Ownership

(a) The ownership of the facility, as well as the property on which it is located, shall be disclosed to the Department. Any proposed change in ownership shall be reported to the Director of the Certificate of Need and Acute Care Licensure Program of the Department, in writing and in conformity with N.J.A.C. 8:43D-2.4(d)2.

(b) No facility shall be owned or operated by any person convicted of a crime, including, but not limited to, the following:

1. A crime involving moral turpitude including, but not limited to sexual assault or attempted sexual assault;

2. Violation of the Federal Organized Crime Control Act of 1970, 18 U.S.C. §1961 et seq. or the commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice or any other offense indicating a lack of business integrity or honesty;

3. Violation of the "Law Against Discrimination," N.J.S.A. 10:5-1 et seq., or of the "Act Banning Discrimination in Public Works Employment," N.J.S.A. 10:2-1 et seq.;

4. Violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor;

5. Presentment for allowance or payment of any false or fraudulent claim for services or merchandise; and

6. Submitting false information for the purpose of obtaining greater compensation than that to which the person is legally entitled.

(c) In accordance with the waiver criteria at N.J.A.C. 8:43D-2.6 and the provisions of N.J.S.A. 2A:168A-1 et seq., a prospective owner or operator of a pediatric community transitional home who has been convicted of any of the violations noted in N.J.A.C. 8:43-4.2(a) above, may apply to the Commissioner for a waiver in order to own or operate the facility. In addition to the waiver criteria at N.J.A.C. 8:43D-2.6 and provisions of N.J.S.A. 2A:168A-1 et seq., such a waiver request shall provide documented evidence that the violation(s) for which the individual(s) has been convicted does not impair his or her ability to provide care to children in a safe manner; and

1. The conviction has been expunged; or
2. The individual(s) seeking the waiver has been rehabilitated.

(d) The owner or governing authority of the facility or program shall assume legal responsibility for the management, operation, and financial viability of the facility or program.

8:43D-4.3 Submission and availability of documents

The facility shall, upon request, submit any documents, which are required by the rules set forth in this chapter, to the Director of the Certificate of Need and Acute Care Licensing Program of the Department. Additionally, upon request by the Department, the facility shall submit, in writing, data related to utilization, demographics, costs, charges, staffing, and other planning and financial data necessary for the Department to evaluate the facility.

8:43D-4.4 Policy and procedure manual

(a) A policy and procedure manual(s) for the organization and operation of the facility shall be established and reviewed every three years. Each review of manual(s) shall be documented, and the manual(s) shall be available in the facility to

representatives of the Department at all times. The manual(s) shall include at least the following:

1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility;
2. A description of the services which the pediatric community transitional home provides;
3. Policies and procedures for maintaining facility security;
4. Policies and procedures for reporting all diagnosed and/or suspected cases of resident abuse or exploitation to the Division of Youth And Family Services, Office of Institutional Abuse Investigation Bureau at (609)-292-0617. After normal business hours, all cases should be reported to Division of Youth and Family Services, Office of Child Abuse Control at 1-800-792-8610.
5. Policies and procedures for maintaining confidentiality of resident records, including policies and procedures for examination of resident records by the resident (if age appropriate); resident's parent(s) or legal guardian; and other authorized persons; and for release of the resident's records to any individual outside the facility, as consented by the resident's parent or legal guardian or as required by law or third party payor;
6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background, credentials, driver's license number with effective date and date of expiration, (if applicable), certification and licensure (if applicable), verification of credentials, prior criminal records, records of physical examinations, job description, records of orientation and inservice education, and evaluations of job performance;
7. Policies and procedures, including content and frequency, for physical examinations and immunizations and tuberculin testing upon and during the course of employment for employees both non-contractual and contractual as well as volunteers providing direct resident care services in the facility;
8. Policies and procedures for the collection, storage and handling of regulated medical waste, consistent with all applicable Federal, State and local laws, rules and regulations;
9. Policies and procedures related to involuntary discharge in accordance with N.J.A.C. 8:43D-4.11; and
10. Other policies and procedures as specified in this chapter.

(b) The facility shall make all policy and procedure manuals available to residents, guardians, designated responsible persons, prospective applicants, and referring agencies during normal business hours or by prior arrangement.

8:43D-4.5 Resident transportation

The facility shall provide resident transportation, either directly or by arrangement, to and from health care services provided outside the facility, and shall promote reasonable plans for security and accountability for the resident and his or her personal possessions, as well as transfer of resident information to and from the provider of the service, as required by individual residents and specified in the resident's written plan of care.

8:43D-4.6 Written agreements

The facility shall have a written agreement, or its equivalent, for services not provided directly by the facility. If the facility provides care to residents with psychiatric disorders, the facility shall have a written agreement with one or more community mental health centers specifying which services will be provided by the mental health center. The written agreement, or its equivalent, shall specify that the facility retain administrative responsibility for services rendered, and require that services be provided in accordance with the rules in this chapter.

8:43D-4.7 Reportable events and Notification Requirements

(a) The facility shall notify the Department immediately by telephone at 609-292-9900 or 1-800-792-9770 (after business hours), followed within 72 hours by written confirmation to the Department's Certificate of Need and Acute Care Licensure Program, of the following:

1. The interruption for three or more hours of basic physical plant services, such as heat, light, power, water, food, as well as staff;
2. The termination of employment of the administrator, and the name and qualifications of his or her replacement;
3. The occurrence of epidemic disease in the facility;
4. All fires, all disasters, all residents who are missing for 24 hours, and all deaths resulting from accidents or incidents in the facility or related to facility services. The written confirmation shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;

5. Any major occurrence or incident of an unusual nature shall be reported immediately to the Department by telephone, and shall be confirmed in writing to the Department as soon as possible thereafter;

6. All alleged or suspected crimes which endanger the life or safety of residents or employees, which shall also be reported at the time of occurrence to the local police department; and

7. All suspected cases of resident abuse or exploitation which also must be reported to the Division of Youth and Family Services, Office of Institutional Abuse Investigation Bureau.

(b) The resident's family, guardian, and/or designated responsible person or community agency, along with the Department of Health and Senior Services, shall be notified immediately after the occurrence of the following:

1. The resident acquires an acute illness requiring medical care;

2. Any serious accident or incident which involves the resident and results in serious harm or injury to the resident or others, or results in the resident's arrest or detention;

3. All alleged or suspected crimes committed by or against residents as specified in N.J.A.C. 8:43D-4.7(a)6.

4. The resident is transferred from the facility; or

5. The resident expires.

(c) Such notification shall be given at the time of occurrence, and then documented in the resident's record in accordance with the documentation requirements contained in these rules.

8:43D-4.8 Notices

(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents, guardians or responsible parties and the general public:

1. All waivers granted by the Department;

2. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the immediately previous 12 months;

3. Policies and procedures regarding resident rights;
4. The business hours of the facility;
5. Policies and procedures for maintaining security of the facility;
6. The toll-free complaint hot line number of the Department (1-800-792-9770); and the telephone numbers of county agencies and of the Division of Youth and Family Services, Office of Institutionalized Abuse Investigation Bureau; and
7. The names of, and a means to formally contact, the owner and/or members of the governing authority.

8:43D-4.9 Maintenance of records

The facility shall maintain an annual chronological listing of residents admitted and discharged, including the destination of residents who are discharged and provide this data to the Department upon request.

8:43D-4.10 Admission and retention of residents

(a) The administrator of the pediatric community transitional home or the administrator's designee shall conduct an interview (when appropriate) with the resident, the resident's family, guardian, or interested agency, prior to or at the time of the resident's admission. The interview shall include at least orientation to the facility's policies, business hours, fee schedule, services provided, resident rights, and criteria for admission and discharge. Documentation of the resident interview shall be included in the resident's record.

(b) At the initial interview either prior to or at the time of admission of each resident, the administrator or the administrator's designee shall be provided with the name, address and telephone number of a family member, guardian, responsible party or designated community agency who shall be notified in the event of the resident's illness, incident, or other emergency.

(c) If a facility has reason to believe, based on a resident's behavior, that the resident poses a danger to himself or herself or others, and that the facility is not capable of providing proper care to the resident, then the attending primary care provider or the provider on call (see N.J.A.C. 8:43D-5.13(h)), in consultation with facility staff and a responsible person, shall determine whether the resident is appropriately placed in the facility. The facility or resident representative shall initiate the mental health screening process in accordance with N.J.S.A. 30:4-27.1 and N.J.A.C. 10:31 and, based on the results and recommendations of that screening process, shall attempt to locate a new placement if necessary.

(d) If an applicant, after applying in writing, is denied admission to the pediatric community transitional home, the applicant and/or his or her family, guardian, or designated community agency shall, upon written request, be given the reason for such denial, in writing and signed by the administrator, within 15 days of receipt of the written request.

(e) A pediatric community transitional home shall not deny a resident admission regardless of their ability to pay so long as it has capacity and the appropriate clinical services.

8:43D-4.11 Involuntary discharge

(a) Written notification by the administrator shall be provided to a resident and/or his or her family, guardian, or designated responsible person, of a decision to involuntarily discharge the resident from the facility. The notification shall contain a clear and concise statement of the basis for involuntary discharge, and the resident's/responsible person's right to appeal. A copy of the notice shall be entered into the resident's medical record.

(b) The resident and/or his or her family, guardian or designated responsible person shall have the right to appeal to the administrator any involuntary discharge from the facility. The appeal shall be in writing and a copy shall be included in the resident's record along with a copy of the written disposition or resolution of the appeal. The resident and/or his or her family, guardian or designated responsible person shall have the right to retain legal counsel to represent the resident in the appeal.

(c) In an emergency situation, for the protection of the health, safety and general welfare of the resident or others, the facility may transfer the resident without providing 30 days notice. The Department shall be notified in the event of such discharge.

SUBCHAPTER 5. ADMINISTRATION AND STAFFING QUALIFICATIONS AND REQUIREMENTS

8:43D-5.1 Appointment of administrator

An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times.

8:43D-5.2 Qualifications of the administrator of a pediatric community transitional home

(a) The administrator of pediatric community transitional home shall be at least 21 years of age; and

1. Possess a bachelor's degree and at least two years of experience in management and supervision; or

2. Six years of experience in a health care or human services related position, two years of which must be in management or supervision.

(b) The administrator of pediatric community transitional home shall participate at least annually in a minimum of at least 10 hours of continuing education in an area related to health care administration and/or child health.

(c) The owner of pediatric community transitional home who meets the qualifications listed in (a) above may also serve as the administrator.

8:43D-5.3 Administrator's responsibilities

(a) The administrator or designee shall be responsible for the following:

1. Ensuring the development, implementation, and enforcement of all policies and procedures including residents rights;

2. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the facility;

3. Ensuring that all personnel are assigned duties based upon their ability and professional competency to perform the job and in accordance with written job descriptions;

4. Ensuring the provision of staff orientation and staff education;
5. Establishing and maintaining liaison relationships and communication with facility staff and services and with residents and their families;
6. Establishing and maintaining liaison relationships and communications with community hospitals, social, and mental health service agencies;
7. Ensuring the pediatric community transitional home serves as a valuable community resource; and
8. Any other act necessary to meet the goals of the facility and/or comply with these rules.

8:43D-5.4 Qualifications of dietitians/dietitian consultants

(a) All dietitians and dietitian consultants shall:

1. Be registered or eligible for registration by the Commission on Dietetic Registration of the American Dietetic Association;
2. Have a bachelor's degree from a college or university with a major in foods, nutrition, food service or food institution management, or the equivalent course work for a major in the subject area; and shall have completed a dietetic internship accredited by the American Dietetic Association or a dietetic traineeship approved by the American Dietetic Association or one year of full-time or equivalent, experience in nutrition and/or food service management in a health care setting; or
3. Have a master's degree plus six months of full-time, or equivalent, experience in nutrition and/or food service management in a health care setting.

8:43D-5.5 Qualifications of licensed practical nurses

Each practical nurse shall be licensed by the New Jersey State Board of Nursing, in accordance with N.J.A.C. 13:37.

8:43D-5.6 Qualifications of child care worker

(a) Each child care worker shall have:

1. A high school diploma or general equivalency diploma; and
2. Must be 18 years of age or older.

8:43D-5.7 Qualifications of pharmacists/pharmacist consultant

Each pharmacist/pharmacist consultant shall be registered by the New Jersey State Board of Pharmacy pursuant to the provisions set forth at N.J.A.C. 13:39.

8:43D-5.8 Qualifications of primary care providers

Each primary care provider shall be licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine as required by N.J.S.A. 45:9-1 et seq., or as applicable by the New Jersey Board of Nursing as required by N.J.S.A. 45:11-23 et seq.

8:43D-5.9 Qualifications of registered professional nurses

Each registered professional nurse shall be licensed as such by the New Jersey Board of Nursing pursuant to the applicable provisions set forth at N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37.

8:43D-5.10 Qualifications of social workers

Each social worker shall be licensed or certified by the New Jersey State Board of Social Work Examiners in accordance with the provisions set forth at N.J.S.A. 45:15BB-1 et seq. and N.J.A.C. 13:44G.

8:43D-5.11 Staffing requirements

(a) The facility shall maintain and implement written staff schedules. Actual hours worked by each employee shall be documented.

(b) The facility shall maintain a staffing ratio of one awake child care worker to every three residents at all times on the premises, unless additional staff are otherwise ordered by a primary care provider or identified in the interdisciplinary plan of care.

(c) Staff monitoring by a registered professional nurse, licensed practical nurse, or child care worker shall be provided based on the acuity of the patient and the interdisciplinary care plan.

1. Constant age appropriate monitoring and staff supervision, as described in the facility's policies and procedures and the resident care plan, shall be provided when residents are awake.

2. While residents are asleep, there shall be visual or mechanical observation by a member of the resident care staff of each resident at least once per hour or more if necessary to protect the health, safety and general welfare of the residents.

3. Staff monitoring shall be provided on all levels of the facility where children are present.

(d) The staffing level requirements set forth in this chapter are minimum requirements only, and the pediatric community transitional home shall employ staff in sufficient number and with sufficient ability and training to provide the basic care and resident assistance and supervision required, based on assessment of the acuity of resident's needs. The facility may increase staffing levels beyond those set forth in these rules.

8:43D-5.12 Staffing policies and procedures

(a) The facility shall develop written policies and procedures to ensure all staff are in good physical and mental health, of good moral character and that these policies and procedures reflect the applicable standards as set forth in this chapter.

(b) The facility shall develop written job requirements specifying licensure and certification as needed in the State of New Jersey and written job descriptions for all staff to ensure personnel are assigned duties based on their education, training and general professional competencies.

(c) There shall be a full-time director of nursing or nursing administrator who is a registered professional nurse licensed in the State of New Jersey, who has at least two years experience in providing care to pediatric patients/residents.

(d) At least one registered professional nurse shall be on duty at the facility on a 40-hour per week basis. A registered nurse shall be available by telephone at all other times.

(e) The facility shall develop and implement a staff orientation and a staff training and education plan, including plans for each service and designation of person(s) responsible for training employees. All personnel providing personal care shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:

1. The provision of services and assistance in accordance with the interdisciplinary plan of care;
2. Emergency plans and procedures;
3. The infection prevention and control program; and
4. Quality assurance

(f) Nurse staffing shall be in accordance with the provisions set forth in N.J.A.C. 8:43D-5.11 and 12.

(g) Personnel, including staff under contract, with a reportable communicable disease or infection as specified in N.J.A.C. 8:57, also known as Chapter 2 of the State Sanitary Code, shall be excluded from the pediatric community transitional home until examined by a primary care provider who shall certify to the administrator that the condition will not endanger the health of residents or other employees.

(h) Evidence of conviction of a crime, in itself, shall not automatically preclude an individual from serving as director or staff member or from working in the facility and shall not automatically result in the removal or termination of a director or staff member. The facility shall submit a written justification to the Department, indicating and documenting why the individual at issue should not be precluded from working or holding a leadership position at the facility; the Department, in consultation with the Division of Youth and Family Services' Bureau of Licensing, after assessing the facts on a case-by-case basis, shall make the final determination, in keeping with the provisions of the State Rehabilitated Convicted Offenders Act, N.J.S.A. 2A: 168A-1 et seq., which provides that a person convicted of a crime may not be disqualified or discriminated against by a licensing authority unless the conviction relates adversely to the occupation, trade, vocation, profession or business for which the license or employment is sought.

(i) All individuals seeking employment shall submit a signed application, indicating the applicant's name, address and telephone number; education and work experience; and a certification indicating whether the applicant has ever been convicted of a crime or has criminal charges pending for any crime that, if convicted would result in a conviction of a crime which is higher than a disorderly persons offense. The employment application shall be updated to indicate the reasons for discontinuance of employment, if applicable.

8:43D-5.13 Medical director/primary care provider responsibilities

(a) Each facility shall have a medical director who is currently licensed to practice medicine by the New Jersey State Board of Medical Examiners as a pediatrician or family practice primary care provider with one year of experience in providing medical care for children.

1. The medical director shall coordinate medical care and direct the administrative aspects of medical care in the facility.

2. The medical director shall approve all medical care policies and procedures.

3. The medical director shall participate in the facility's quality assurance program through meetings, interviews, and/or preparation or review of reports.

4. The medical director shall be an active participant on the facility's infection control committee and resident care policy and procedure committee.

(b) The medical director shall ensure that for each resident there is a designated primary and an alternate primary care provider who can be contacted when necessary.

(c) Each primary care provider order shall be properly entered into the resident's medical record.

(d) Each resident's attending primary care provider or the facility's medical director shall review the resident's medical record on a scheduled basis to ensure that care plans and medical orders are properly followed.

(e) The facility shall maintain a list of consultant primary care providers who are available for referrals made by the attending primary care provider and shall make arrangements for referrals to psychological services.

(f) The medical director shall review all reports of incidents which have been documented.

(g) The medical director, or primary care provider designated by the medical director, shall respond to medical emergencies, which are not handled by another attending primary care provider, including hospital admissions.

(h) An on-call primary care provider shall be available by telephone 24 hours a day on a seven-day-a-week basis.

(i) A primary care provider shall visit each resident at least every 30 days unless the medical record contains an explicit justification for not doing so. Following the initial visit, alternate 30-day visits may be delegated to an advanced practice nurse, certified in accordance with Advanced Practice Nurse/Clinical Nurse Specialist Certification Act (P.L. 1991, c.377) amended by P.L. 1999, c.85 s.6, and as regulated by the New Jersey State Board of Nursing statutes (N.J.S.A. 45:11-23 et seq.) and rules (N.J.A.C. 13.37), or to a New Jersey licensed primary care provider assistant, in accordance with facility policies.

SUBCHAPTER 6. RESIDENT CARE POLICIES

8:43D-6.1 Resident care policies and procedures

(a) There shall be a resident care policy and procedure committee that shall consist of at least the administrator, director of nursing and the medical director, which shall establish written resident care policies and procedures, which shall be reviewed at least every three years. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, those relating to:

1. Resident rights;
2. The determination of staffing levels to ensure delivery of services and assistance as needed for each resident of the facility 24 hours per day. Services may be provided directly by staff employed by the facility or by an appropriate contract specialist;
3. Referral of residents to health care providers in accordance with individual needs and resident service plans;
4. Emergency medical and dental care of residents, including notification of the resident's family, guardian, or designated community agency, and care of residents during periods of acute illness;
5. Resident instruction and health education;
6. The control of smoking in the facility in accordance with N.J.S.A. 26:3D-1 et seq.
 - i. At the facility's option, a smoke-free policy may be implemented, which shall include adequate notice to all resident applicants prior to admission to the facility;
 - ii. A facility which permits smoking shall have designated smoking areas with adequate outside ventilation, in accordance with (a) 6 iv below;
 - iii. Nonflammable ashtrays in sufficient numbers shall be provided in designated smoking areas;
 - iv. Any room designated for smoking shall meet the following ventilation requirements for acceptable indoor air quality:

(1) A ventilation system which prevents contaminated air from recirculating through the facility;

(2) The number of air changes per hour within the designated smoking room shall be equivalent to the number necessary to achieve 60 cubic feet per minute per smoker, based on occupancy of no greater than five smokers per 100 square feet; and

(3) Negatively pressurized air to prevent backstreaming of smoke into nonsmoking areas of the facility;

7. Discharge, involuntary discharge, termination by the facility, transfer, and readmission of residents, including criteria for each;

8. The care and control of pets, if the facility permits pets in the facility or on its premises;

9. Monitoring the quality of health care services provided to residents, which shall include, at a minimum, policies on:

- i. Length of stay;
- ii. Medication errors;
- iii. Resident injury; and
- iv. Resident mortality;

10. A planned, diversified program of resident activities shall be offered daily, including individual and/or group activities, either on-site or off-site, to meet the individual needs of all residents; and

11. General infection control policies and procedures as set forth in 8:43D-15.3.

8:43D-6.2 Financial arrangements

(a) Concerning financial arrangements, the facility shall:

1. Upon admission, inform, in writing, the resident's parent(s) or guardian or designated responsible person of any and all fees for services, charges for supplies routinely provided or specially ordered and any price changes associated with these charges, thereafter;

2. Maintain a written record of all financial arrangements with the resident's parent(s), guardian, or designated responsible person with copies furnished to these parties, respectively;

3. Assess no additional charges, expenses, or other financial liabilities in excess of the daily, weekly, or monthly rate included in the financial admission arrangements, except:

i. Upon separate written agreement with the resident's parent(s), guardian or, designated responsible person who shall be provided with a copy of the written agreement;

ii. Upon written orders of the resident's primary care provider, stipulating specific services not included in the admission agreement;

iii. Upon 30 days prior written notice to the resident's parent(s), guardian or the designated responsible person of any change in charges, expenses, or other financial liability that are in addition to the previously agreed upon daily, weekly, or monthly rate; or

iv. The purchase and cost of supplies are limited to the terms of the residents/responsible person's written agreement; and

4. Provide the resident's parent(s), guardian or the designated responsible person with information regarding financial assistance available from third-party payors and/or other financial assistance programs and referral systems for resident financial assistance.

SUBCHAPTER 7. RESIDENT ASSESSMENT AND CARE PLANS

8:43D-7.1 Resident assessment and coordination of interdisciplinary care plans

A registered professional nurse (RN) shall assess the nursing needs of each resident, coordinate the written interdisciplinary care plan, and ensure the timeliness of all services.

8:43D-7.2 Policies and procedures for resident assessment and interdisciplinary care plans

(a) A primary care provider shall issue orders for each resident's medical care prior to or beginning on the day of admission.

(b) Each primary care provider's order shall be carried out in accordance with professional standards of practice by nursing, dietary, social work, resident activities, rehabilitation or pharmacy personnel, as appropriate.

(c) A primary care provider shall examine each resident five days before or 48 hours after, admission.

(d) An initial nursing assessment and care plan shall be developed on the day of admission and include at least personal hygiene, immediate dietary needs, medications, and ambulation.

(e) A comprehensive health care assessment shall be completed for each resident within 10 days of admission to formulate an interdisciplinary care plan. The interdisciplinary care plan shall be based on oral or written communication and assessments provided by nursing, dietary, resident activities, and social work staff; and when ordered by the primary care provider, assessments shall also be provided by other health care professionals. The interdisciplinary care plan shall include measurable objectives with interventions based on the resident's care needs and means of achieving each goal. The interdisciplinary care plan shall be updated at least quarterly or whenever there is a change in the resident's health status, based on a reassessment by a registered professional nurse.

(f) Each comprehensive health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following:

1. Cognitive patterns;
2. Communication/hearing patterns;
3. Vision patterns;

4. Physical functioning and structural problems;
5. Continence
6. Psychosocial well-being;
7. Mood and behavior patterns;
8. Activity pursuit patterns;
9. Disease diagnoses;
10. Health conditions;
11. Oral/nutritional status;
12. Oral/dental status;
13. Skin conditions;
14. Medications use;
15. Special treatment and procedures;
16. Psychosocial development; and
17. Education.

8:43D-7.3 Provision of health care services

(a) The facility shall arrange for health care services to be provided to residents as needed in accordance with assessments and with their interdisciplinary care plan.

(b) At the time of admission, arrangements shall be made between the administrator and the resident's family, legal guardian, or designated community agency regarding the primary care provider and dentist designated by the facility or one chosen by the resident/responsible person to be called in case of illness, or the person to be called for a resident who, because of religious affiliation, is opposed to medical treatment. The resident's family, legal guardian or responsible person shall be permitted free choice of a primary care provider.

(c) The initial health care assessment shall be documented by the health care professional providing the service and shall be updated as required, in accordance with professional standards of practice at least quarterly.

(d) The resident's primary care provider or the primary care provider's designee shall be notified of any significant change in the resident's physical or psychological condition and any intervention by the primary care provider shall be recorded.

(e) The registered professional nurse or a primary care provider shall be called at the onset of illness of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed medical or nursing care intervention.

SUBCHAPTER 8. DINING SERVICES

8:43D-8.1 Provision of meals

(a) The facility shall provide dining services to meet the daily nutritional needs of residents.

1. Each resident shall have an initial dietary consultation performed by a dietitian or dietitian consultant within 10 days of admission to the facility and a follow-up nutritional consultation at least quarterly, or as needed, according to the health status of the resident.

2. The initial dietary consultation and all follow-up consultations shall be reflected in the medical record of each resident.

3. The facility shall have written policies and procedures in place which address the training of all staff responsible for the preparation of resident's meals. Said training should relate to the daily nutritional needs of pediatric residents.

8:43D-8.2 Responsibilities of dietitians and dietitian consultants

(a) In accordance with residents' needs, a dietitian or dietitian consultant shall be responsible for providing resident dietary care, including, but not limited to, the following:

1. Assessing the nutritional needs of the resident, preparing the dietary portion of the interdisciplinary care plan on the basis of the assessment, providing dietary services to the resident as specified in the plan, reassessing the resident, and revising the dietary portion of the interdisciplinary care plan. Each of these activities shall be documented in the resident's record; and

2. Providing nutritional counseling and education to residents.

8:43D-8.3 Requirements for dining services

(a) A dietitian or dietitian consultant shall provide, on at least an annual basis, one in-service training seminar for all staff on the prevention of food borne illness.

(b) A current diet manual shall be available to the dining service personnel and to the nursing service personnel.

(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:

1. At least three meals shall be prepared and served daily to residents;
2. The facility shall select foods and beverages, which include fresh and seasonal foods, and shall prepare menus with regard to the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal preference of residents;
3. Written, dated menus shall be planned at least 14 days in advance for all diets. The same menu shall not be used more than once in any continuous seven-day period;
4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;
5. Diets served shall be consistent with the American Dietetic Association's "Pediatric Manual of Clinical Dietetics" (6th ed., 2002) and/or "The Manual of Clinical Dietetics" (2nd ed., 2003), incorporated herein by reference as amended and supplemented, the dietitian's instructions, and, if applicable for special diets, shall be served in accordance with primary care providers' orders. One or both referenced dietetic manuals shall be kept in the facility. Both manuals may be obtained by writing to:

American Dietetic Association
P.O. Box 97215
Chicago, IL 60678-7215;
6. Nutrients and calories shall be provided for each resident, based upon current recommended dining allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the resident, if applicable;
7. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a primary care provider in the resident's interdisciplinary care plan;
8. Substitute foods and beverages of equivalent nutritional value shall be available to all residents;
9. In the case of a resident who has a interdisciplinary care plan in which diet is identified as a specific care need, the staff shall observe whether meals are refused or missed and shall document this information;

10. All meals shall be served at the proper temperature and shall be attractive when served to residents. Place settings and condiments shall be appropriate to the meal;

11. Seating shall be arranged for each meal in order to accommodate individual resident's meal-time preferences, in accordance with facility policies; and

12. In the case of a resident who has an interdisciplinary plan in which diet is identified as a specific care need, a record shall be maintained for such resident, identifying the resident by name, diet order, if applicable, and other information, such as meal patterns (when on a calculated diet) and allergies.

8:43D-8.4 Commercial food management services

If a commercial food management firm provides dining services, the firm shall be required to conform to the standards of this subchapter.

SUBCHAPTER 9. PHARMACEUTICAL SERVICES

8:43D-9.1 Provision of pharmaceutical services

The pediatric community transitional home shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with primary care provider's orders and with each resident's interdisciplinary care plan.

8:43D-9.2 Administration of medications

(a) All medications administered by qualified licensed and non-licensed personnel shall be administered in accordance with prescriber orders, facility or program policy, and all Federal and State laws and regulations.

(b) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse.

1. The registered professional nurse may choose to delegate the task of administering prescribed or non-prescribed over-the-counter medications only to those child care workers who have completed a training program approved by the State Board of Nursing and the Department and provided by the Department;

2. At least weekly, a registered nurse shall review and sign off on any modifications or additions to the over-the-counter medication administration record which were made by the child care worker under the nurse's delegation.

(c) Each resident shall be identified prior to drug administration.

(d) Drugs prescribed for one resident shall not be administered to another resident.

(e) Personnel shall report drug errors and adverse drug reactions immediately to the registered professional nurse, to the prescriber, and to the pharmacist, and shall document the incident in the resident's record.

8:43D-9.3 Designation of a pharmacist/consultant pharmacist

(a) The facility shall designate a pharmacist/consultant pharmacist who shall direct pharmaceutical services, develop and implement the facility's Pharmaceutical Quality Assurance Plan and provide consultation to the primary care provider, facility or staff, and residents, at least quarterly or as needed. The facility shall only appoint a consultant pharmacist who is not the pharmacist provider and does not have an affiliation with the pharmacist provider. The pharmacist/consultant pharmacist shall assist the facility with, at a minimum, the following:

1. The training of employees;
 2. The education of residents, families and staff regarding medications;
 3. The establishment of policies and procedures, which ensure safe and appropriate self-administration and storage of medications;
 4. The review of all medication records at least quarterly or as needed;
- and
5. The inspection of all common areas that the facility or program has designated for storage or administration or disposal of medications and maintaining records of such inspections.

8:43D-9.4 Storage of medications

(a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications. The storage area requirement may be satisfied through the use of a locked medication cart or other secured locked areas.

1. The storage area shall be kept locked when not in use.
2. The storage areas shall be used only for storage of medications and medical supplies.
3. The key to the storage area shall be kept on the person of the employee on duty who is responsible for resident supervision.
4. Each resident's medications shall be kept separated from the medications of other residents within the storage area, with the exception of large volume medications which may be labeled and stored together in the storage area or other secured location.
5. Medications shall be stored in accordance with manufacturer's instructions and with U.S.P. (United States Pharmacopoeia) requirements as set forth in USP24, NF19, published by U.S. Pharmacopoeia Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852, and incorporated herein by reference as amended and supplemented.

(b) All medications shall be kept in their original containers and shall be properly labeled and identified.

1. The label of each resident's prescription medication container shall be permanently affixed and contain: the resident's full name; the primary care provider's name; the prescription number; the name and strength of the drug; the lot number; the quantity; the date of issue; the expiration date; the manufacturer's name if generic; directions for use; cautionary and/or accessory labels or any other requirement under N.J.A.C. 13:39-5.9 specific to labeling within the New Jersey Board of Pharmacy Code. If a generic substitute is used, the drug shall be labeled according to the Drug Utilization Review Council requirements at N.J.S.A. 24:6E-1 et seq. and N.J.A.C. 8:70 and 8:71. Required information appearing on individually packaged drugs or within an alternate medication delivery system need not be repeated on the label.

2. All over-the-counter medications repackaged by the pharmacy shall be labeled with an expiration date, name and strength of the drug, lot number, date of issue, manufacturer's name if generic, and cautionary and/or accessory labels, in accordance with U.S.P. requirements cited in (a)5 above. Original manufacturer's containers shall be labeled with at least the resident's name, and the name label shall not obstruct any of the aforementioned information.

3. If a unit of use drug distribution systems is used, each dose of medication shall be individually packaged in a hermetically sealed, tamper-proof container, and shall carry full manufacturer's disclosure information on each discrete dose. Disclosure information shall include, but not be limited to, the following: the product name and strength; the lot number; the beyond use date; and the manufacturer, distributor or repackager.

(c) Single use and disposable items shall not be reused.

(d) No stock supply of prescription medications shall be maintained, unless prior approval is obtained from the Department.

(e) Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy. All medication destruction in the facility shall be witnessed and documented by two persons, each of whom shall be either the administrator, the licensed nurse or the pharmacist.

(f) The facility shall maintain Declining Inventory Sheets for scheduled or controlled substances.

SUBCHAPTER 10. SOCIAL WORK SERVICES

8:43D-10.1 Provision of social work services

The facility shall arrange for the provision of social work services to residents who require them, by social workers licensed or certified in accordance with N.J.S.A. 45:15BB-1 et seq. and N.J.A.C. 13:44G.

SUBCHAPTER 11. EMERGENCY SERVICES AND PROCEDURES

8:43D-11.1 Emergency medical services

(a) Emergency medical services shall be available to or arranged for residents requiring these services.

(b) The facility shall develop a written plan for emergency transportation of residents for emergency medical care, ensuring transport to and from the pediatric community transitional home for care.

8:43D-11.2 Emergency plans and procedures

(a) The facility shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergencies, power failures, fire, or natural disasters. The emergency plans shall be filed with the Department and the Department shall be notified when the plans are changed. Copies of emergency plans shall also be forwarded to other agencies in accordance with State and municipal laws.

(b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exists, alarm boxes, and fire extinguishers, and all other emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained annually in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation. All residents shall be instructed in emergency evacuation procedures.

(c) Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating residents, procedures for reentry and recovery, frequency of fire drills, tasks and responsibilities assigned to all personnel, and shall specify medications and records to be taken from the facility upon evacuation and to be returned following the emergency.

(d) The provisions contained in this section shall not supersede or imply non-compliance with the Uniform Fire Safety Act, N.J.S.A. 52:27D-192 et seq. or Uniform Fire Code, N.J.A.C. 5:70.

8:43D-11.3 Drills and tests

(a) The facility shall conduct at least one drill of the emergency plans every month. At least annually, a drill of emergency plans shall take place during every working shift. The facility shall maintain documentation of all drills, including the date,

hour, and description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and the facility may select residents to participate in drills.

(b) The facility shall request of the local fire department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills.

(c) The facility shall test at least one manual pull alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition.

(d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable National Fire Protection Association (NFPA) requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance.

(e) The provisions contained in this section shall not supersede or imply non-compliance with the Uniform Fire Safety Act, N.J.S.A. 52:27D-192 et seq. or Uniform Fire Code, N.J.A.C. 5:70.

SUBCHAPTER 12. RESIDENT RECORDS

8:43D-12.1 Residents' individual records

(a) Each resident's record shall include at least the following:

1. The resident's completed admission application and all records forwarded to the facility;
2. The resident's name, last address and date of birth; the name and address of sponsor or interested agency; the date of admission; the date of discharge (including discharge destination) or death; the name, address and telephone number of the primary care provider to be called in either set of circumstances, and the name and address of nearest relative, guardian, designated responsible person(s), or interested agency, together with any other information the resident wishes to have recorded;
3. A copy of the resident's interdisciplinary care plan, if applicable;
4. All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice and be accessible at the facility; and
5. Services provided by facility staff or by personnel on a contractual basis apart from health care treatment shall be entered into the resident's record.

8:43D-12.2 Confidentiality

Records and information regarding the individual resident shall be considered confidential and the resident (if age appropriate), resident's parent(s) or guardian, and other authorized persons shall have the opportunity to examine such records, in accordance with facility policies. The written consent of the resident (if age appropriate), resident's parent(s), legal guardian, or responsible person shall be obtained for release of the resident's records to any individual outside of the facility, except in the case of the resident's transfer to another health care facility, or as required by law, third-party payor, or authorized government agencies.

8:43D-12.3 Record retention

All records shall be maintained for a period of 10 years after the discharge of a resident from the pediatric community transitional home or until the resident's 20th birthday, whichever is longer.

8:43D-12.4 Record availability

The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review any time by representatives of the Department.

8:43D-12.5 Register

(a) A register which contains a current census of all residents, along with information the facility deems pertinent, shall be maintained by each pediatric community transitional home. The following standards for maintaining the register shall apply:

1. The administrator or the administrator's designee shall make all entries in the register and shall be responsible for its maintenance and safe-keeping;
2. The register shall be kept up-to-date at all times. Admissions, discharges and discharge destination, and other changes shall be recorded within 48 hours;
3. The register, which is a permanent record, shall be kept in a safe place; and
4. All entries into the register shall be clear, legible, and written in ink or typed.

8:43D-12.6 Record of death

Whenever a resident dies in the pediatric community transitional home, the administrator or the administrator's designee shall include written documentation from the primary care provider of the date and time of death, the name of the person who pronounced the death, disposition of the body, and a record of notification of the family. A primary care provider, registered nurse or paramedic may make a determination and pronouncement of death in accordance with N.J.A.C. 13:35-6.2(d) and (e).

SUBCHAPTER 13. RESIDENT RIGHTS

8:43D-13.1 Posting and distribution of statement of resident rights

(a) To assure the highest quality of services, each pediatric community transitional home will post and distribute a statement of resident rights consistent with the following principles:

1. To provide personalized services and care to meet each resident's needs;
2. To foster the independence and individuality of each resident;
3. To treat each resident with respect, courtesy, consideration and dignity;
4. To assure each resident the right to make choices with respect to services;
5. To assure each resident's right to privacy and personal safety;
6. To nurture the personal spirit and uniqueness of each resident;
7. To encourage families' and friends' participation in resident services planning and implementation;
8. To provide for each resident an environment free from physical or sexual harassment or abuse and corporal punishment; and
9. To assure each resident's right to personal freedom to the fullest extent possible.

SUBCHAPTER 14. HOUSEKEEPING, SANITATION, SAFETY AND MAINTENANCE

8:43D-14.1 Provision of services

(a) The facility shall provide and maintain a sanitary and safe environment for residents.

(b) The facility shall provide housekeeping, laundry, pest control, and maintenance services, and shall provide assistance to residents who require assistance with these services in their residential units.

8:43D-14.2 Housekeeping

(a) A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly, or annually within each area of the facility. The facility shall have a written schedule that determines the frequency of cleaning and maintenance of all equipment, structures, areas, and systems.

(b) Personnel with housekeeping duties shall be trained in cleaning procedures, including the use and care of equipment.

(c) All cleaning and disinfecting agents shall be correctly labeled with the name of the product and its use, including agents that have been repackaged from a bulk source.

8:43D-14.3 Resident environment

(a) The housekeeping and sanitation conditions in (a)1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration resident's personal preferences:

1. The facility and its contents, including all surfaces such as tables, floors, walls, beds and dressers, shall be clean to sight and touch and free of dirt, dust and debris;

2. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors;

3. All resident areas shall be free of noxious odors;

4. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Items which are broken or worn to the extent that

they may cause discomfort or present danger to residents shall be repaired, replaced, or removed promptly;

5. All equipment and materials necessary for cleaning, disinfecting, sanitizing, and sterilizing (if applicable) shall be provided;

6. For central kitchens, thermometers that are accurate to within three degrees Fahrenheit shall be kept in a visible location within refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration. Temperatures shall be maintained in accordance with Chapter XII of the New Jersey Sanitary Code, N.J.A.C. 8:24-3.2;

7. Lighted and ventilated storage spaces shall be provided in the facility for the proper storage of residents' clothing, linens, drugs, food, cleaning and other supplies;

8. Articles in storage shall be elevated from the floor and away from walls (if moisture is present), ceilings, and air vents;

9. Unobstructed aisles shall be provided in storage areas;

10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility;

11. When facility housekeeping services are provided, items such as bedpans, toilets and sinks shall be disinfected, using a process for disinfection established by the facility; and

12. Toilet tissue, soap, paper towels or air dryers, and waste receptacles shall be provided in each common area toilet facility at all times. A self-draining dish or device shall be provided for storage of bar soap, if bar soap is used. Residents' personal cloth towels may be used in residential units.

(b) The following safety conditions shall be met:

1. Non-carpeted floors in public areas shall be coated with slip-resistant floor finish, and any carpeting in public areas shall be kept clean and odor free and shall not be frayed, worn, torn, or buckled;

2. All equipment shall have unobstructed space provided for operation;

3. Pesticides shall be applied in accordance with N.J.A.C. 7:30;

4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified,

labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility;

5. Combustible materials shall be stored in accordance with fire safety requirements specified in the New Jersey Uniform Fire Code, N.J.A.C. 5:70;

6. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in accordance with fire safety requirements specified in the New Jersey Uniform Fire Code, N.J.A.C. 5:70;

7. If pets are allowed in the facility, the facility shall provide safeguards to prevent interference in the lives of residents. Guidelines for pet facilitated therapy may be requested from the Department's Certificate of Need and Acute Care Licensure Program; and

8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;

i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and

ii. The written statement shall be forwarded annually to the Department's Certificate of Need and Acute Care Licensure Program.

8:43D-14.4 Waste removal

(a) All solid or liquid waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey State Department of Environmental Protection and this chapter. Solid waste, which is stored within the building, shall be stored in insectproof, rodentproof, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly so as to prevent nuisances, such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24.

(b) All regulated medical waste shall be collected, stored and disposed of in accordance with the Comprehensive Regulated Medical Waste Management Act at N.J.S.A. 13:1E-48.1 et seq. and the rules promulgated pursuant thereto, at N.J.A.C. 7:26-3A.

(c) If garbage compactors are used, they shall comply with all State and local codes.

8:36-14.5 Heating and air conditioning

(a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents.

1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.

2. The facility or residents shall not utilize portable heaters.

3. During warm weather conditions, the temperature within the facility shall not exceed 82 degrees Fahrenheit, in accordance with N.J.A.C. 8:43-15.5(b).

i. The facility shall provide for and operate adequate ventilation in all areas used by residents.

ii. All areas of the facility used by residents, including resident sleeping areas, shall be equipped with air conditioning and the air conditioning shall be operated so that the temperature in these areas does not exceed 82 degrees Fahrenheit.

4. Residents may regulate temperature controls in residential units, and may, by choice, exceed 82 degrees Fahrenheit.

(b) Filters for heaters and air conditioners shall be provided as needed and maintained in accordance with manufacturer's specifications.

8:43D-14.6 Water supply

(a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe and sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., N.J.A.C. 7:10 and local laws, ordinances, and regulations. Copies of the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Potable Water, P.O. Box 426, Trenton, New Jersey 08625-0426.

(b) The temperature of the hot water used for bathing and handwashing shall be at least 95 degrees and shall not exceed 110 degrees Fahrenheit (35 to 43 degrees Celsius) and shall be appropriately balanced to avoid temperature fluctuations during simultaneous use of two or more water sources within the facility.

(c) Equipment requiring drainage, such as ice machines, shall be drained to a sanitary connection, in accordance with State and local codes.

(d) The sewage disposal system shall be maintained in good repair and operated in compliance with State and local laws, rules, and ordinances.

8:43D-14.7 Building and grounds maintenance

The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards as well as other residential health and safety hazards.

8:43D-14.8 Laundry services

(a) Written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, policies and procedures regarding the following:

1. Storage and transportation of laundry;
2. Collection and storage of soiled laundry in a ventilated area;
3. Protection of clean laundry from contamination during processing, transporting, and storage; and
4. Handling and laundering of resident's clothing and personal items separately from other laundry.

(b) Soiled laundry shall be stored in a ventilated, vermin-proof area, separate from other supplies, and shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes.

(c) All soiled laundry from resident rooms and other service areas shall be stored, transported, collected, and delivered in a covered laundry bag or cart. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry.

(d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility.

(e) Soiled and clean laundry shall be kept separate. An established procedure shall be followed to reduce the number of bacteria in the fabrics. Equipment surfaces that come into contact with laundry shall be sanitized.

(f) Residents (if age appropriate) who choose to launder their personal items shall be provided with in-house assistance in accordance with facility policy.

(g) If the facility provides a laundry service on site in lieu of using a commercial laundry service, it shall provide separate areas for clean and soiled laundry, including hand-washing facilities. The walls, floors, and ceilings of the on site laundry shall be clean and in good repair. Ventilation shall be adequate to prevent heat and odor build-up.

SUBCHAPTER 15. INFECTION PREVENTION AND CONTROL SERVICES

8:43D-15.1 Infection control program

(a) There shall be a facility infection control committee which shall develop and implement an infection prevention and control program.

1. The infection control committee shall consist of at least the administrator, director of nursing and the medical director.

(b) The registered professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The licensed professional nurse, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organization plan for the infection prevention and control service.

8:43D-15.2 Development of infection control policies and procedures

(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following publications and standards, and any amendments or supplements thereto, incorporated herein by reference as supplemented and amended, as follows:

1. Guidelines for Handwashing and Hospital Environmental Control, PB85-9233404;

2. Guidelines for Isolation Precautions in Hospitals (Infection Control and Hospital Epidemiology 1996; 17:53-80 and the American Journal of Infection Control 1996; 224:24-52);

3. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis In Health Care Facilities (Morbidity and Mortality Weekly Report 1994; 43-11-22); and

4. Criteria established by the Centers for Disease Control and Prevention and Occupational Safety and Health Administration Publication for Bloodborne Pathogens (29 CFR 1910030).

(b) The guidelines listed in (a) above are available from the National Technical Information Service (NTIS) by calling 1-800-553-6847 or writing the NTIS, 5285 Port Royal Road, Springfield, Virginia 22161. Further information is available on the Centers

for Disease Control and Prevention/National Center of Infectious Diseases' web site at: <http://www.cdc.gov/ncidod/hip>.

(c) Residents shall be immunized in accordance with "Recommended Childhood Immunization Schedule, United States, January – December 2000" as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The ACIP guidelines listed above are available by writing to ACIP, U.S. Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333. The AAP guidelines are available by contacting AAP, P.O. Box 927, Northwest Point Blvd., Elk Grove, Illinois 60009-0927. The AAFP guidelines may be obtained by contacting the AAFP, 11400 Tomahawk Creek Parkway, Leawood, Kansas 66211-2672.

8:43D-15.3 General infection control policies and procedures

(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:

1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, at N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions;
2. Infection control in accordance with Occupational Safety and Health Administration Publication "29 CFR 1910030 Pathogens" as amended and supplemented, incorporated herein by reference;
3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;
4. Surveillance techniques to minimize sources and transmission of infection;
5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;
6. Protocols for identification of residents with communicable diseases and age specific education of residents regarding the prevention and spread of communicable diseases;
7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:

i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;

ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;

iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and

iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; and

8. Used needles and syringes shall be disposed of in accordance with N.J.S.A. 2A:170-25.17 and N.J.A.C. 8:43E, and amendments thereto, and shall be placed in puncture-resistant containers prior to disposal.

8:43D-15.4 Employee health and resident policies and procedures for infection prevention and control

(a) Tuberculosis screening: The facility shall establish policies and procedures for the detection and control of the transmission of *M. tuberculosis* that includes, but is not limited to, developing a tuberculosis Exposure Control Plan ("TB plan"), according to the guidelines set forth in "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 1994." MMWR. October 28, 1994, volume 43, Number RR-13, p. I-132, pursuant to the Occupational Safety and Health Act (OSH Act) of 1970, incorporated herein by reference as supplemented and amended.

1. Newly hired employees: The facility shall identify a new employee's baseline status of exposure to *M. tuberculosis*. The facility shall administer a two-step Mantoux tuberculin skin test, using five tuberculin units of purified protein derivative upon the employment of full- and part-time employees, volunteer staff, and primary care providers, either salaried by the facility or with clinical privileges to provide medical care at the facility.

i. Employees with a "negative" (<10 mm of induration or <five mm of induration if the individual is immunosuppressed) result following the first Mantoux skin test are administered a second test in one to three weeks.

ii. Employees with a "positive" (>10 mm of induration or <five mm of induration if the individual is immunosuppressed) result following either the first or

second test are referred for a medical evaluation to determine whether there is evidence of latent tuberculosis infection or active tuberculosis disease.

(1) The medical evaluation shall include, but is not limited to, a chest X-ray.

(2) The facility shall permit employees with positive Mantoux test results to begin working after the employee has submitted written medical clearance to the facility.

2. Exceptions to the requirements in (a)1 above are as follows:

i. Employees who provide documentation of negative results of a Mantoux skin test performed within the 12 months preceding the start of employment shall receive only one Mantoux skin test upon hire.

ii. Employees who provide documentation of positive Mantoux skin test results shall be exempt from screening.

iii. Employees who provide documentation of having received and completed appropriate medical treatment for active tuberculosis disease or latent tuberculosis infection shall be exempt from screening.

3. Periodic screening of personnel: The facility shall establish policies and procedures for the periodic screening of *M. tuberculosis* in eligible personnel, including, but not limited to:

i. Testing: The facility shall administer a Mantoux skin test to all tuberculin-negative employees annually at minimum. Frequency of testing shall be determined by the level of risk assigned by the facility's TB plan; and

ii. Recordkeeping:

(1) The facility shall maintain records of employee Mantoux test results.

(2) The facility shall submit the results of employee Mantoux tuberculin testing bi-annually to the New Jersey Department of Health and Senior Services, on forms provided by the Department, at the address listed below.

(b) Further information: Questions regarding tuberculosis control may be directed to:

New Jersey Department of Health and Senior Services
Tuberculosis Program
P.O. Box 369
Trenton, New Jersey 08625-0369
(609) 588-7522

(c) All personnel, both directly employed and under contract to provide direct care to patients, shall be given a rubella screening test using the rubella hemagglutination inhibition test or other rubella screening test. The only exceptions are personnel who can document seropositivity from a previous rubella screening test or who can document inoculation with rubella vaccine, or when medically contraindicated. Volunteers are not subject to the rubella screening test.

1. The pediatric community transitional home shall inform each person in writing of the results of his or her rubella screening test.

2. The pediatric community transitional home shall maintain a list identifying the name of each person who is seronegative and unvaccinated to rubella.

3. The pediatric community transitional home shall offer rubella vaccination to all employees, contract personnel and volunteers.

(d) All personnel, both directly employed and under contract to provide direct care to patients, who were born in 1957 or later shall be given a rubeola (measles) screening test using the hemagglutination inhibition test or other rubeola screening test. The only exceptions are personnel who can document receipt of live measles vaccine on or after their first birthday, primary care provider-diagnosed measles, or serologic evidence of immunity. Volunteers are not subject to the rubeola screening test.

1. The pediatric community transitional home shall ensure that all personnel, both directly employed and under contract to provide direct care to patients, who cannot provide serologic evidence of immunity are offered rubella and rubeola vaccination.

2. The pediatric community transitional home shall offer rubeola vaccination to all employees, contract personnel and volunteers.

(e) If a communicable disease prevents the employee from working for a period of more than three days, a primary care provider's statement approving the employee's return shall be required prior to the employee's return to work.

(f) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident and volunteers who became ill or have an accident while volunteering their time.

(g) The facility shall maintain listings of all residents and personnel who have reportable infections, disease, or conditions.

(h) High-level disinfection techniques shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes.

(i) Disinfection procedures for items that come in contact with bedpans, sinks, and toilets shall conform to facility established protocols for cleaning and disinfection.

(j) All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating.

(k) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective sanitation techniques immediately after such contact.

(l) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.

(m) The facility shall maintain records documenting contagious diseases contracted by employees during employment, as specified at N.J.A.C. 8:57-1.3(a) and (b).

(n) Employees as well as volunteers who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease.

8:43D-15.5 Staff education and training for infection prevention and control

All staff members shall be informed about the facility's infection control procedures, including personal hygiene requirements.